

L090000034604

(Requestor's Name)

Ms. Rosalia Mogro

Apt D913

1925 Brickell Ave

Miami, FL 33129-2912



(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

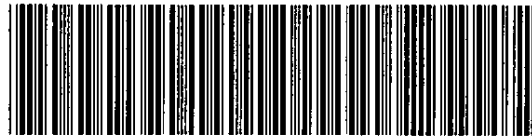
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 11 PM 3:33

T. HAMPTON

JUN 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

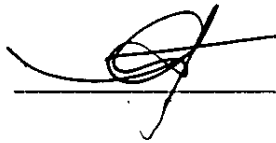
SUBJECT: CWV INVESTMENT 2 L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS EMILIO CALVETE

Name of Person



CWV INVESTMENT 2 LLC

Firm/Company

1925 BRICKELL AVE. # 913

Address

MIAMI, FL 33129

City/State and Zip Code

lcalvete@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS E. CALVETE

Name of Person

at (786) 312-7268

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

05/20/2009


Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Letter to Incorporate LUIS E CALVETE and his wife, ROSALIA
J MOGRO as Manager Members
Company: CWV INVESTMENT 2, LLC
Tax ID No: 26-4625731

Dear Members
And Department of State:

I HUMBERTO O RINALDI, hereby agree to incorporate LUIS E CALVETE
and his wife, ROSALIA J MOGRO Individually as Manager Members of CWV
INVESTMENT 2, LLC.
Their address is going to be : 1925 Brickell AVE, Apartment 913,
Miami, Florida, Zip cod: 33129

Very truly yours



HUMBERTO O RINALDI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 1, 2009

ROSALIA MOGRO
1925 BRICKELL AVE
APT D913
MIAMI, FL 33129-2912

SUBJECT: CWV INVESTMENT 2 L.L.C.
Ref. Number: L09000034604

We have received your document for CWV INVESTMENT 2 L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00018294

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CWV INVESTMENT 2 L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/1/2009 and assigned
Florida document number _____

L09000034604

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LUIS E. CALVETE	1925 BRICKELL AVE. #913 MIAMI, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROSALIA J. MOYRO	1925 BRICKELL AVE. #913 MIAMI, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

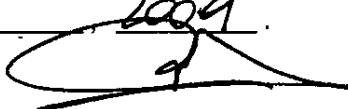
N/A

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 11 PM 3:33

Dated

JUNE 8

2009



Signature of a member or authorized representative of a member

HUMBERTO O. RINALDI

Typed or printed name of signee