L10000127052

(Re	equestor's Name)		
(Ad	Idress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	CMV Holdin	ngs, LLC		
obsect.				
Γhe enclose	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	o the following:	,
		Monica Aversa		
			Name of Person	
		CMV Holdings, LLC		
			Firm/Company	
		227 Cape Harbour Loop, U	nit 102	
			Address	
		Bradenton, FL 34212		
		City/State and Zip Code		
		loridorman@bpdlawoffice.c	,	
		E-mail address: (t	o be used for future annual report notific	ration)
For further	information co	oncerning this matter, please ca	dl: .	
Lori M. Do	orman, Esq.		941 747-0888 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 OCT -5 AH 11: 42

CMV Holdings, LLC TALLAHASSEE, FLORIDA

(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 Li Florida document number L10000127052	ability Company	were filed on $\frac{12/10/20}{}$	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	cion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		227 Cape Harbour Lo	op, Unit 102	
(Principal office address MUST BE A STREE	T ADDRESS)	Bradenton, FL 34212		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		227 Cape Harbour Lo Bradenton, FL 34212	op, Unit 102	
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter the name of the new	
Name of New Registered Agent:	LORI M. DORMAN, ESQ.			
New Registered Office Address:	515 9th Street I			
		Enter Florida stro	eet address	
	Bradenton		, Florida ³⁴²⁰⁸	
		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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carmelo Vizzi	16711 4th Ave NE	🗆 Add
		Bradenton, FL 34212	Remove
			□ Change
MGR	Mary A. Burke	16711 4th Ave NE	Add
		Bradenton, FL 34212	Remove
			□ Change
MGR	Monica Aversa	227 Cape Harbour Loop, Unit 102	⊒ Add
		Bradenton, FL 34212	□ Remove
			□ Change
			Add
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(If an ef Note:	tive date, if other than the date of filing:	o 605.0 e listed	207 (3)(l as the	b)
h) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ee 90th day after the record is filed.	arlier	of:	
Dated	10/1/15 Monica Aversa			
	Signature of a member or authorized representative of a member	_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00