Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000282389 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087 Phone : (954)389-1333

Fax Number : (954)389-1397

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CMGR INVESTMENTS, LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu

Corporate Filing Menu

DEC -2 2011

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CA | IGR INVEST | MENTS, LLC | on our seconds | | |
|---|---------------------|---------------------------|----------------------|---------------------------|--|
| (Name of the Limite) | A Florida Limited L | iability Company) | On our Jecorus. | | |
| The Articles of Organization for this Limited I | iability Company | were filed on | 6/3/11 | and assigned | |
| Florida document numberL1100006 | 5435 | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company ber | 2 | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limi | ted Liability Compar | ny," the designation | "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | 16711 SAPPHIRE ISLE | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | WESTON, FL 33331 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | · ROY | 16711 SAPPH WESTON, FL | | 11. DEC- | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | | the manage the dev | |
| | ALLO GOLD EVA HEL | • | | Dri 🚓 | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 16711 SAPE | PHIRE ISLE Ent | er Florida street ac | ldress | |
| | \ | WESTON | , Florida _ | 33331 | |
| | | 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.

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>Add</u> | rea <u>s</u> | Type of Action | | |
| | | | Add Remove | | |
| | | | ☐ Add ☐ Remove | | |
| | | | ☐ Add ☐ Remove | | |
| - - | | | ∐ Add _ Remove | | |
| | | | ∏Add ∏Remove | | |
| | | | □Add □Remove | | |
| D. Ifai | mending any other information, enter change(s) here | : (Attach additional sheets, if necessary.) | | | |
| | ADDRESS OF MGR CESAR GOITTES CHA | ANGES TO: 16711 SAPPHIRE ISLE | • | | |
| | WESTON, FL 33331 | | | | |
| | ADDRESS OF MGR LISBETH RODRIGUEZ | CHANGES TO: 16711 SAPPHIRE | | | |
| , | ISLE, WESTON, FL 33331 | | | | |
| Dated _ | Nov 30 , 2011. | | | | |
| | Signature of a member or author | ized representative of a member | | | |
| | CESAR G | | | | |
| | Typed or printed | name of signee | | | |

Page 2 of 2

Filing Fee: \$25.00