

L120000004290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

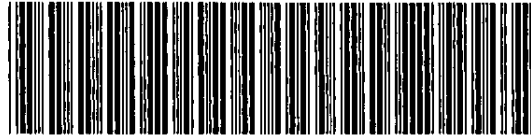
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CPRV INVESTMENTS,LLC
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:

OSCAR GRISALES-RACINI,ESQ

Name of Person

GRSH LAW

Firm/Company

2999 NE 191ST, PH-8

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

OGRISALES@GRSHLAW.COM

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

For further information concerning this matter, please call:

OSCAR GRISALES

Name of Person

at (**305**) **792-0439**
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

CPRV INVESTMENTS, LLC

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12 MAY 21 PM 4 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	Vargas Perea, Martha Lucia	3201 NW 27TH AVENUE MIAMI, FLORIDA 33142	☐ Add ☒ Remove
MGR	CHAIN, JULIO	3201 NW 27TH AVENUE MIAMI, FLORIDA 33142	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____

X Martha L. Vargas P.

Signature of a member or authorized representative of a member

Martha L. Vargas P.

Typed or printed name of signee