

#L12000023379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

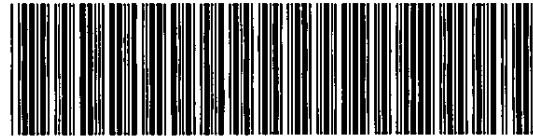
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

42-23379

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04/21/14--01015--015 \*\*35.00

FILED  
2014 MAY 12 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 19 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2014

CUTTING EDGE INNOVATION REMODELING, LLC  
CARLOS GUERRERO  
2100 NW 99TH AVE.  
DORAL, FL 33172

SUBJECT: CUTTING EDGE INNOVATIVE REMODELING, LLC  
Ref. Number: L12000023379

We have received your document for CUTTING EDGE INNOVATIVE REMODELING, LLC and your check(s) totaling \$35.00. 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.

Please return 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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 314A00009441

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cutting Edge Innovative Remodeling, 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:

Carlos Guerrero  
Name of Person  
Cutting Edge Innovative Remodeling, LLC  
Firm/Company  
2100 NW 9964 Ave  
Address  
Doral, FL 33172  
City/State and Zip Code  
Info@cesconstruction.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Guerrero at ( 786 ) 548-7847  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Cutting Edge Innovative Remodeling, LLC

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

FILED  
2014 MAY 12 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/16/2012 and assigned  
Florida document number L12000023379.

This amendment is submitted to amend the following:

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

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)

2100 NW 99th Ave  
Doral, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2100 NW 99th Ave  
Doral, FL 33172

**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:

Carlos Guerrero

New Registered Office Address:

11225 SW 107th ct

Enter Florida street address

Miami

City

Florida 33172

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>C&amp;C Building Investments</u>	<u>11225 SW 107th Ct</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33176</u>	<input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Carlos Guerrero</u>	<u>11225 SW 107th Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33176</u>	<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.)*

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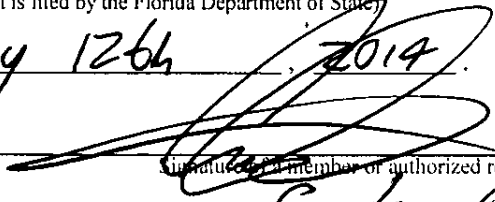
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

*May 12th 2014*

  
\_\_\_\_\_  
Signed by a member or authorized representative of a member

*Carlos Guerrero*

\_\_\_\_\_  
Typed or printed name of signee