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## **COVER LETTER**

TO: Registration Division of C			<b>.</b>
CVN	AMERICA, LL	_C ,	`.
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	WILLIAM C.	VOIGHT II	
		Name of Person	
	VOIGHT, P.	A.	
		Firm/Company	
	7680 UNIVE	RSAL BLVD., SU	IITE 100
		Address	
	ORLANDO,	FL 32819	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	City/State and Zip Code	<del></del>
	WILLIAM@MYV( E-mail address: (	JIGH I.COM  to be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	all:	
WILLIAM	C. VOIGHT II	at (407) 477-45	559
Nam	e of Person		Telephone Number
Enclosed is a check for	r 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

CVM AMERICA, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on <u>07/27/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "Li	imited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address , <b>Florid</b> a	No. 10 may market
	City	Co Zip Gode
New Registered Agent's Signature, if changing Registere	ed Agent:	OM NO

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

	the Managers or Authorized Member Member being added or removed from	on our records, enter the title, name, and address of each Manager or our records:
MGR = M AMBR = A	anager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	GABRIEL MATRAVOLGYI	10182 HART BRANCH CIRCLE
		ORLANDO, FL 32832
MGR	CASSIO A. VICENTIN	10182 HART BRANCH CIRCLE
		ORLANDO, FL 32832
		Remove
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	<b>(optional)</b> cannot be more than 90 days after
date this document is filed by the Florida Department of State)	(optional) (annot be more than 90 days after
ted MAY 19 , 2014	
fective date, if other than the date of filing:  c effective date must be specific, cannot be prior to date of receipt or filed date and ce date this document is filed by the Florida Department of State)  MAY 19  2014  gnature of a member or authorized representation of the control of the c	

Page 3 of 3

Filing Fee: \$25.00

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