## 113000014111

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## **COVER LETTER**

TO:		tration Section of Corp			
CHDIE			LETE HOMEBUYING CENT	ΓER, LLC	
SOBIE	C1; _		Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed A	Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please re	eturn a	ll correspon	dence concerning this matter t	to the following:	
			GUSTAVO M. DERIBEA	UX	
			···	Name of Person	
LAW OFFICES OF GUSTAVO M. DERIBEAUX, P.A.					
				Firm/Company	
			4904 SW 72ND AVENUE		
				Address	
			MIAMI, FL 33155		
City/State and Zip Code					
			GUS@GDRPA.COM		
			E-mail address: (t	o be used for future annual repo	ort notification)
For furtl	her info	ormation cor	ncerning this matter, please ca	lli:	
SALON	иE GO	NZALEZ		305 446-79	Daytime Telephone Number
		Name of I	Person	Area Code I	Daytime Telephone Number
Enclose	d is a c	heck for the	following amount:		
\$25.	.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &

MAILING ADDRESS:

TO:

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

THE COMPLETE HOMEBUYING CENTER, LLC

(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 Liability Company were filed on MAY 17, 2000 \_\_\_\_ and assigned Florida document number \_ L13000014111 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) S B. If amending the registered agent and/or registered office address on our records, enter the name tof the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	AUGUSTIN CANTENS	4904 SW 72ND AVENUE	
		MIAMI, FL 33155	■ Remove
			☐ Change
MGR	BELMIS MONTESINO	4904 SW 72ND AVENUE	<b>.</b> ■ Add
		MIAMI, FL 33155	☐ Remove
			□ Change
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			☐ Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 store: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.	(optional) (a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	rsuant to 605.020
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	t 12:01 a.m. on	the earlier (
ated AUGUST 1, 2016		
Signature of a member or authorized representative of a mem	nber	
GUSTAVO M. DERIBEAUX		

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Filing Fee: \$25.00