

L1300015 4406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

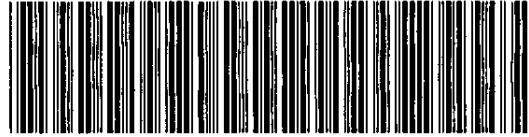
(Business Entity Name)

(Document Number)

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2015 JUL 16 PM 3:04

CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 17 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMOR GROUP 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:

RAMON CRUZ

Name of Person

CMOR GROUP LLC

Firm/Company

4532 W KENNEDY BLVD SUITE # 468

Address

TAMPA, FL 33609

City/State and Zip Code

CRUZR11@HOTMAIL.COM

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

For further information concerning this matter, please call:

RAMON CRUZ

813 407-0849
at ()

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**

FILED
2015 JUL 16 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CMOR GROUP 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 11/01/2013 and assigned
Florida document number L13000154406.

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 "L.L.C."

Enter new principal offices address, if applicable:

4532 W KENNEDY BLVD SUITE # 468

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33609

Enter new mailing address, if applicable:

4532 W KENNEDY BLVD SUITE # 468

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33609

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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

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>	<u>Address</u>	<u>Type of Action</u>
CEO	CRUZ, RAMON	2512 W WILDER AVE	<input type="checkbox"/> Add
		TAMPA, FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CTO	CRUZ, RAMON	4532 W KENNEDY BLVD #468	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	CRUZ, FRANCISCO	2512 W WILDER AVE	<input type="checkbox"/> Add
		TAMPA, FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	CRUZ, FRANCISCO	4532 W KENNEDY BLVD #468	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	CRUZ, CLAUDIO	4532 W KENNEDY BLVD #468	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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