# 113000167118

(F	Requestor's Name)
(/	Address)
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(0	City/State/Zip/Phone #)
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- ( <u>)</u>	Business Entity Name)
(1)	Document Number)
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### **COVER LETTER**

Division of Corp	orations		
CPV HOLD SUBJECT:	INGS, LLC		
		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	•
Please return all correspon	dence concerning this matter t	to the following:	
		Name of Person	
	FLORIDA CORPORATE	SERVICES, LLC	
		Firm/Company	
	3006 Aviation Avenue, Sui	ite 2A	
-		Address	
	Coconut Grove, FL 33133		
		City/State and Zip Code	
	mhardie@sordolaw.com		
		o be used for future annual report notified	ation)
For further information co	ncerning this matter, please ca	II:	
Alexander Pena, Esq.		305 859-8107 ext. 2	
Name of	Person	at () Area Code Daytime T	elephone 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:

TO:

**Registration Section** 

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**

(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 12/03/2013  Florida document number L13000167118	and assigned
Florida document number L13000167118	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the a	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	rie e 1
	25 S
	A II
Mailing address MAY BE A POST OFFICE BOX)  Suite 2A	REAL 2
Coconut Grove, FL 33133	

#### 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 **Title** Name <u>Address</u> **Type of Action** \_□ Add \_□ Remove \_□ Change \_ Add □ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_\_ Remove يا Change Add M ☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
entiva.	data if other than the date of filings (ontional)
<u>te:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ith day after the record is filed.
ed	August 23 2016,
	Maldo
	Signature of a member or authorized representative of a member
	Marcelo Cordeiro
	Typed or printed name of signee  Page 3 of 3  Page 3 of 3
	OR TALL

Filing Fee: \$25.00