

OCT/15/2014/10:11:01

FAX 0.

P. 001

# L14000005311

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000240451 3)))



H140002404513ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CM THE FALLS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

OCT 16 2014

T. BROWN

RECEIVED  
14 OCT 15 PM 12:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCE  
INFORMATION SERVICES  
FILED  
14 OCT 15 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Help

OCT/15/2014 WED 11:01 AM

FAX No.

P.002

850-617-6381

10/15/2014 10:22:39 AM PAGE 1/001 Fax Server



October 15, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CM THE FALLS LLC  
7740 SW 104TH STREET  
SUITE 207  
MIAMI, FL 33156

SUBJECT: CM THE FALLS LLC  
REF: L14000005311

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H14000240451  
Letter Number: 014A00022063

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CM THE FALLS 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 January 8, 2014 and assigned  
Florida document number L14000005311

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)

8988 S.W. 136th Street, Kiosk No. K101

Miami, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6020 NW 99 Avenue, Suite 212

Doral, FL 33178

**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:

Antonlo Chahde

New Registered Office Address:

6020 NW 99 Avenue, Suite 212

Enter Florida street address

Doral

City

Florida 33178

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ariel Acosta-Rubio	848 Brickell Avenue, #750	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	Diana Chahde	6020 NW 99 Avenue, Suite 212	<input checked="" type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove
MGR	Antonio Chahde	6020 NW 99 Avenue, Suite 212	<input checked="" type="checkbox"/> Add
		Doral, FL 33178	<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

OCT/15/2014/WED 11:02 AM

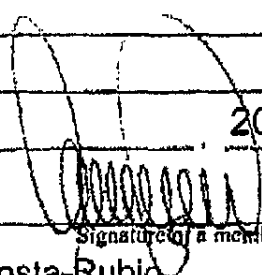
FAX No.

P. 005

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 8 2014



Signature of a member or authorized representative of a member

Ariel Acosta-Rubio

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**