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COVER LETTER

SUBJEC	CDM DOWNTOWN, LLC						
SUBJEC	.l: <u>.</u>	Name of Lin	nited Liability Company				
The encle	osed Articles of	Name of Limited Liability Company In all correspondence concerning this matter to the following: JOSE M. SANTA Name of Person CDM DOWNTOWN, LLC Firm/Company 1311 NE 1st AVE Address MIAMI, FL 33132 City/State and Zip Code josesanta73@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: anta Name of Person The Company 305 915-0358 Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed) Street Address: gistration Section Vision of Corporations D. Box 6327 The Centre of Tallahassee					
Please re	turn all correspo	ondence concerning this matter	to the following:				
		JOSE M. SANTA					
			Name of Person				
		CDM DOWNTOWN, LLC					
		<u> </u>	Firm/Company				
		1311 NE 1st AVE					
	Address						
		MIAMI, FL 33132					
		-	City/State and Zip Code				
		E-mail address: (to be used for future annual report no	otification)			
For furth	er information c	oncerning this matter, please c	all:				
Jose M.	Santa						
	Name o	f Person		me Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy			
Mailing Address: Registration Section			ection				
	_						
	P.O. Box 632	7					
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDM DOWNTOWN, LLC	<u> </u>		_		
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Con		03/24/2014		ınd assi	gned
lorida document number L14000050520					
Torrida document names	•				
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company he	ere:			
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or	the abbrevia	tion "L.I	L.C."
Inter new principal offices address, if applicable:			<u>-</u>		
Principal office address MUST BE A STREET ADDRE	ESS)				
					
	<u> </u>				·
Enter new mailing address, if applicable:					
		 	<u></u>		_
Mailing address MAY BE A POST OFFICE BOX)			-		
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				9891	
If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our r	ecords, enter the	name of t	ne nev	regist
gent and/or the new registered office address here.			پايو د د	·	۱
			7		
Name of New Registered Agent:			- • •	=	<u></u> نمد -
New Registered Office Address:			<u> </u>	 	-
	Enter Flor	rida street address		Ţ	
		. Floric	da -		
-	City			p 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 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>	Type of Action
AMBR	Tomas H. Rivera	1311 NE 1st AVE	
		MIAMI, FL 33132	Remove
			Change
			□Remove
			□Change
			□Add
			Remove
			□Add 22 □ Remove
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			Remove
			□ Change

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