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J. SHIVERS OCT 1 5 2014

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

CMU OFF, 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:

## MARCO REIS

Name of Person

## **USATAX CORPORTATION**

Firm/Company

591 E. SAMPLE RD

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

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

For further information concerning this matter, please call:

## MARCO REIS

<sub>...</sub>954、788-1818

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

CIVIO OFF, LLG.				
( <u>Name of the Limited Li</u> (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liabil Florida document number L14000098021	ity Company were filed on _	06/18/2014	and assign	ned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :		
The new name must be distinguishable and end with the word	s "Limited Liability Company," th	ne designation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable	<b>:</b>			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>enter</u>	17 VI 18 SER 14	the new
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	Futar F	lorida street address	15 N T	protest
	Enter r			inamer's
<del>-</del>	City	, Florida	Zip Code	10
New Registered Agent's Signature, if changing Regis	stered Agent:		S	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Froes Neto, Walter	589 E. sample rd suite 265	o ■ Add
		pompano beach, fl 3306	4 □ Remove
MGR	V. Froes, Camila Maria	589 E. sample rd suite 26	Add
		pompano beach, fl 33064	<b>1</b> □ Remove
			□ Add
			□ Remove
			Add
			14 con 10 see 1448
			Remove
			Add
			_□ Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
-	
Effecti (The effe	ive date, if other than the date of filing:
Dated	September 26th 2014
	x Walter Mr.
	Signature of a member of authorized representative of a member WALTER LUIZ D. OLIVEIRA FROES
	Typed or printed name of signee

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