# L1500001358

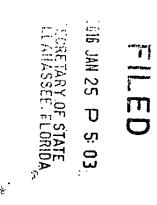
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Special Instructions to	Filing Officer:	"
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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2016

IRA R. SHAPIRO 16375 NE 18TH AVENUE, SUITE 225 NORTH MIAMI BEACH, FL 33162

SUBJECT: CGIM&ES, LLC Ref. Number: L15000004258

We have received your document for CGIM&ES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 816A00000924

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

### IRA R. SHAPIRO, P.A.

ATTORNEY AND COUNSELOR AT LAW
BAYLEE EXECUTIVE CENTER • SUITE 225
16375 NORTHEAST 18™ AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO

DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: info@irarshapiropa.com

January 5, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re:

CGIM&ES, LLC

Articles of Amendment

IRAR. SHAPIRO

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for CGIM&ES, LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$30.00 for the filing fee and for the cost of the Certificate of Status. A self-addressed stamped envelope is enclosed for the return of the Certificate of Status.

Sincerely,

IRS/sma

Encl.

scorp dominguez 10615.2

## **COVER LETTER**

	Registration So Division of Co			
SUBJEC	CGIM&ES	S, LLC		
SUBJEC	· [ :	Name of Lin	nited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
	IRA R. SHAPIRO  Name of Person			
			Name of Person	
		IRA R. SHAPIRO, P.A.		
			Firm/Company	
		16375 NE 18th AVENUE	, SUITE 225	
			Address	<del></del>
		NORTH MIAMI BEACH	, FL 33162	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please co	alt:	
IRA R. S	HAPIRO		305 944-3936	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 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)
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on .

Tallahassee, Fl. 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGIM&ES, LLC					
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records			
The Articles of Organization for this Limited I	Liability Company were filed on January	8, 2015 25 and and assigned			
Florida document number L15000004258		P 5: 0: P STATE			
This amendment is submitted to amend the fol	lowing:	ATE RIDA			
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 design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:	·				
(Mailing address MAY BE A POST OFFICE					
B. If amending the registered agent and		records, enter the name of the new			
registered agent and/or the new registered of	office address here:				
Name of New Registered Agent:	IRA R. SHAPIRO				
New Registered Office Address:	16375 NE 18th AVENUE, SUITE 225				
	Enter Florida street address				
	NORTH MIAMI BEACH	, Florida 33162			
	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

Title	Name	Address	Type of Action
MGRM	Hector E. Dominguez	705 NE 94th Street	D Add
		Miami Shores, FL 33138	■ Remove
			Change
MGR	Touche Investments LLC	705 NE 94th Street	
		Miami Shores, FL 33138	□ Remove
			☐ Change
			Add
			Remove
			Change
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an effect Inte: If	tive date is listed, the date must be the date inserted in this block	te of filing: specific and cannot be prior to da does not meet the applicable	te of filing or more than 90 days	after filing.) Pursuant	t to 605,0207 (
ocumen	at's effective date on the Depart	rtment of State's records.	statetory ming requirements	, this date will not	oc risted as i
e reco	rd specifies a delayed e	ffective date, but not an	effective time, at 12:0	01 a.m. on the	earlier of:
The 9	Oth day after the record	l is filed.			
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	Sig	nature of a phymber or authorized	I representative of a member	<u> </u>	
		The s			
	Hector E. Dominguez	<i>p</i>		N 25	Taxas .
		Typed or printed nar	ne of signee	SEE O	m
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		Page 3 o	f 3	STATI	
		Filing Fee: 5	\$25.00	GE G	