# L15000073124

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(Ad	dress)	
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un <sup>15 2015</sup> J. HARRIS

## **COVER LETTER**

10: Registration S Division of Co			
CDM MIA	AMI LAKES, LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JOSE M. SANTA		
		Name of Person	
		Firm/Company	
	1311 NE 1ST AVENUE		
		Address	<del></del>
	MIAMI, FL 33132		
	joscsanta73@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
JOSE M. SANTA		305 915-0358	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

CDM MIAMI LAKES, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on 04/27/2015 orida document number L15000073124		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		三 <u>兴</u> <b>访</b>
Enter new mailing address, if applicable:		海型 Po Fin
Mailing address MAY BE A POST OFFICE BOX)		
muning university I BE A POST OF FICE BOAT		
		<del>- 9. 5</del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALEJANDRO FONTANA	1311 NE 1ST AVENUE	
		MIAMI, FL 33132	■ Remove
			Change
MGR	ALEJANDRO BERRIZBEITIA	1311 NE 1ST AVENUE	■ Add
	MIAMI, FL 33132	☐ Remove	
			Change
<del></del>			□ Add
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