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GEORETARY OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATION

JUL 07 2015

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
<b>*</b>	0 ,	EATINANTE	110
SUBJECT:	UMICH +	ENTERPRISE E	<u> </u>
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	OSMAI	Name of Person	lez GOZAINE
		Firm/Company	
	2906 K	IN 7210 4	rue.
		Address	
	MIAM	$\frac{100 + 200}{\text{Address}}$ $\frac{1 + 1 \cdot 33128}{\text{City/State and Zin Code}}$	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	а <u>Ц</u> ;	
Osman F	- ColmenalE3	au: 7024(NF at ( <u>56/</u> ) <u>793</u> Area Code Daytime	1-0848
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 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

CIM	CA ENTERPRISE I	LLC	· : {	
(Name of the Limited	I Liability Company : A Florida Limited Liab	as it now appears on o	ur records.)	SECOND
The Articles of Organization for this Limited Lia	bility Company we	ere filed on 06/11/20	15	and assigned
This amendment is submitted to amend the follow	ving:			•
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble: _	Company," the designa	ion "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable:	_			Mark Age of the
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u> _			
B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	ice address here:  OSMAN FRANCI	e address on our  SCO COLMENARE  LW 72 06  Enter Florida str	Z GOZAINE L AUE	
		City	, r iorida _	Zıp 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	g Authorized Person(s) authorized to from our records:	manage, <u>enter the title, name, and ad</u>	dress of each person being added
MGR = M			FIL CRETARY ION OF C JUL -6 .CRETARY LAHASSE
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Dsman F Colmenarez Gozairne	2906 NW 72ND AVENUE	STATE ORNING STATE CORIDA
		MIAMI, FL. 33128	Remove
			□ Change
MGRM	Osman F Colmenarez Gozaine	2906 NW 72ND AVENUE	▲ Add
		MIAMI, FL. 33128	□ Remove
			☐ Change
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Sective date, if other than the n effective date is listed, the date must be in the date inserted in this blument's effective date on the D	st be specific and cannot be lock does not meet the a	pplicable statutory fi	r more than 90 days af	otional) der filing.) Pu his date will	rsuant to not be	605.020 listed as
record specifies a delayed The 90th day after the rec		it not an effectiv	e time, at 12:01	. a.m. on	the ea	arlier o
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06/30/2015				****		೭೦೦
ted 06/30/2015	FALOR	·		ALLA SECI	<u>⊆</u>	Sio
ted 06/30/2015	Signature of a member of	r authorized representa	ive of a member	SECRETAL ALLAHASS	9- - TIIIL	SION OF

Page 3 of 3

Filing Fee: \$25.00