

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L160001440803982**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H160001440803)))



H160001440803ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

2016 JUN 13 AM 10:53

FLORIDA  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 13 A 10:51

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Attn: Yazmin

**RUSH**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CHRISMARCORP INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

111999

JUN 17 2015  
D. BRUCE

Please I need confirmation today.

Electronic Filing Menu

Corporate Filing Menu

Help

no fax  
6/15/15

2

H16000 144080

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
CHRMARCORP INVESTMENTS, LLC  
(A Florida Limited Liability Company)**

**FIRST:** The Articles of Organization were filed on January 8, 2016 and assigned document number L16000003982

**SECOND:** This amendment is submitted to amend the following:

**ARTICLE V.  
MANAGEMENT**

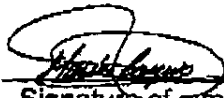
This Limited Liability Company shall be managed by three Authorized Members and the name and address of the Authorized Members are:

Angel M. Coronel, 555 Winderley Place, Suite 300, Maitland, FL;  
32751

Maria S. Carpio, 555 Winderley Place, Suite 300, Maitland, FL;  
32751

Christian Coronel, 555 Winderley Place, Suite 300, Maitland,  
32751

Dated, June 10, 2016



Signature of a member or authorized representative of a member

MARIA S. CARPIO

\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 13 A 10:51

FILED