

L16 00000 8476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WF



Office Use Only



300317725253

03/04/18--01029--020 **35.00

SECRETARY OF STATE
SEP 21 2018

2018 SEP 21 PM 2:42

FILED

M. MILLIGAN

SEP 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

CONTEMPORARY INVESTMENTS MANAGEMENT, LLC
ATTN: JACQUES BESSOU DO
2875 NE 191ST ST, STE 500
AVENTURA, FL 33180

SUBJECT: CONTEMPORARY INVESTMENTS MANAGEMENT, LLC
Ref. Number: L16000008476

We have received your document for CONTEMPORARY INVESTMENTS MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 518A00018668

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Contemporary Investments Management, LLC

Name of Limited Liability Company

RECEIVED
SEP 21 2018

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacques Bessoudo

Name of Person
Contemporary Investments Management, LLC

Firm/Company
2875 NE 191st ST, Suite 500

Address
Aventura, Florida 33180

City/State and Zip Code
wjohnson@galiumcapital.com

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

For further information concerning this matter, please call:

Whilemina Johnson 305 433-2041

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Contemporary Investments Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 SEP 21 PM 2:42
SECRETARY OF STATE
40403 SEP 21 2018

The Articles of Organization for this Limited Liability Company were filed on 01/12/2016 and assigned
Florida document number L16000008476.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jordan Kavana	18305 Biscayne Blvd, Suite 402	<input type="checkbox"/> Add
		Aventura, Florida 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacques Bessoudo	18305 Biscayne Blvd, Suite 402	<input type="checkbox"/> Add
		Aventura, Florida 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	39 Homes, Inc	2875 NE 191st ST, Suite 500	<input checked="" type="checkbox"/> Add
		Aventura, Florida 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 18, 2018

Signature of a member or authorized representative of a member

Jacques Bessoudo

Typed or printed name of signee

2018 SEP 21 PM 2:42
STANFORD UNIVERSITY
979-999-9999