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5/18/16

COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	CML INVES	STMENT LLC		
		Name of Limit	ted Liability Company	- Marie -
The enclosed	I Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		CLAUDINE LE MIGNOT		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
			Firm/Company	
	7031 ENVIRON BLVD #121			
		V-10-10	Address	
		LAUDERHILL, FL 33319		
			City/State and Zip Code	
		claudinelemignot@hotmail.c	com o be used for future annual report n	orification)
For further in	nformation co	ncerning this matter, please ca	<u>-</u>	
Claudine Le	Mignot		954 599-4069 at ()	
Name of Person Area Code Daytime Telephone Number				ime Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 F	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

CML INVESTMENTS LLC

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

The Articles of Organization for this Limited Liabili	ity Company were filed on MARCH	30, 2016 and assigned
Florida document number L16000063714	ny company word mod on	wild tablegard
	 ·	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
GREAT VENTURE INVESTMENTS LLC	•	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u>.</u>	
(Principal office address MUST BE A STREET A	DDRESS)	
	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		<u> </u>
·	,	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida stree	at 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

May. 17. 2016 9:27PM

No. 3337 P. 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action

			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Add
		,	□ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Add
			Remove
			Change - c
			DAdd - F
			Change HAY 18 Add 11: 54
			Dichange 4

May. 17. 2016 9:27PM D. If amending any other information, enter change(s) here: (Attach additional sheets, i)	No. 333/ F. 4
(Allient County of the County of	riccessa y.y
	·
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement 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:	ss, this date will not be listed as the
(b) The 90th day after the record is filed.	
Dated MAY 17 , 2016	75 28 25 8 est
Signature of a member or authorized representative of a member	THE RESERVE OF THE PERSON OF T
CLAUDINE LE MIGNOT	
Typed or printed name of signee	MO A
Page 3 of 3	[o] = ₹**

Filing Fee: \$25.00