# L16000077375

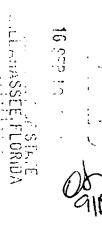
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### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: C.GMA Investments LLC  Name of Limited Liability Company						
or						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Alexander Zuleta Name of Person						
CGMA Investments LLC						
19013 SW 96 Avenue						
Cutler Bay, FL 33157 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Alexander Zuleta at (786) 395-6874  Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

(Name of the Limited Liability Compa) (A Florida Limited L	y as it now appears on our records.) iability Company)	· <del>,,,</del>	_	
The Articles of Organization for this Limited Liability Company	were filed on April 19, 2016	2 <u> </u>	l assign	ied
Florida document number L16000077375.	- ( ··· ··· ··· ··· ··· ··· ··· ··· ···			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation	n "L.L.C	1 99
Enter new principal offices address, if applicable:	1172 South Dixle H	<u> </u>	#18	7
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	• ——			
Name of New Registered Agent:		<u>-</u> ;	<u></u>	<del></del> -
New Registered Office Address:		3.	<u> </u>	·
	Enter Florida street address	5. Ø:	~u	
	, Florida	CC: FTIT	oda:	
New Registered Agent's Signature, if changing Registered Agent:	City	CZip C	٠	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j rovided for in Chapter 605, F.S. Or,	ree to c familiar if this a	with a docume	ınd

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adoms or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Gary Davine	1016 SE Fleming Way	Add
		1016 SE Fleming Way Stuart, FL 34997-1558	Remove
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			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
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effective d	ate is listed, the late inserted in	date must be speci n this block does	filing:	ior to date of filing licable statutory	or 16. ore than 90 days a filing requirements,	odonal) der filing.) Pursu this dat <b>e</b> will no	ant to 605 of be list
he 90th	day after t	he record is f	îled.		ve time, at 12:0	1 a.m. on th	e earli
ed <u>Se</u>	<u>Prember</u>	9 [h.1]		<u>.</u>			
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Page 3 of 3

Filing Fee: \$25.00