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2016 JUN 13 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 13 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALLY  
EXAMINER  
JUN 15

**COVER LETTER**

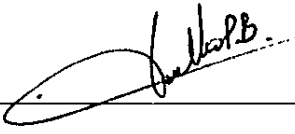
**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CV ASSISTANCE OFFICE L.L.C  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Guillermo Polo.  
Name of Person

 CV ASSISTANCE OFFICE LLC  
Firm/Company

111 NE 2 AVE  
Address

MIAMI FL. 33132  
City/State and Zip Code

CV OFFICE 2000 @ GMAIL . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillermo Polo. at ( 504 ) 505-7967  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

FILED

2016 JUN 13 AM 11:39

CU ASSISTANCE OFFICE LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/31/2016 and assigned Florida document number L16 000 10 59 56

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

111 NE 2 AVE  
MIAMI FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME.

**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:

GEORGES E. MALDO VADO

New Registered Office Address:

4037 POINCIANA AVE.

*enter Florida street address*

COCONUT GROVE

*City*

Florida

33133

*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.*

x George

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	GEORGES E HALDONADO	4037 POIWICIANA AVE	<input checked="" 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
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			<input type="checkbox"/> Change

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TALAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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2016 JUN 13 AM 11:33  
STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 6/4/2016 (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 6/6/2016



Signature of a member or authorized representative of a member

Soillewa Rob.

Typed or printed name of signee