

L16000105956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

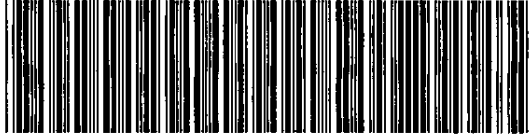
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/14/16--01031--021 **25.00

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

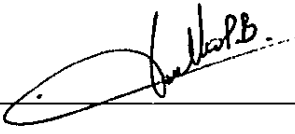
**TO: Registration Section
Division of Corporations**

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:

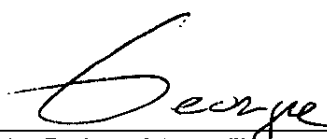
4037 POINCIANA AVE.

enter Florida street address

COCONUT GROVE, Florida 33133
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.

x 
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
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			<input type="checkbox"/> Change

FILED
2018 JUN 18 AM 11:33
SECRETARY OF STATE
TALAMON SECRETARIAT

