## 116000107808

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

	Registration Se Division of Cor		•		
CHD IE		GROUP LLC			
SUBJEC	T:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please re	turn all correspo	ndence concerning this matter  LUIS R. SMITH	to the following:		
		TAXES USA LLC	Name of Person		
		11402 NW 41ST STREET	Firm/Company SUITE 211		
	Address DORAL, FL 33178				
		LM.JESSEL@GMAIL.CO	City/State and Zip Code		
			to be used for future annual report notifi	cation)	
For furth	er information c	oncerning this matter, please co			
LUIS R.	SMITH		305 470-2429 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>■</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

. . . . .

TO:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&P USA GRÖUP LLC		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our reco Limited Liability Company)	rds.)
he Articles of Organization for this Limited Liability Co	ompany were filed on 06/03/2016	and assigned
lorida document number L16000107808	<del>-</del> -'	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
		$\Sigma_{i}$
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LI	•
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRI	<u> </u>	
		<u>≥</u> 7
Inter new mailing address, if applicable:		7:23 7:23
Mailing address MAY BE A POST OFFICE BOX)		7.
. If amending the registered agent and/or registegistered agent and/or the new registered office address.		ds, enter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street addr	ress
		Planista
		Florida 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>	Address	Type of Action
MGR	GONZALEZ DE MORILLO. MARIA P	7795 NW 114 PL MEDLEY, FL 33178	
			■ Remove
			Change
MGR	CORSINI. GINO D	10773 NW 14TH PLACE FORT LAUDERDALE FL 33324	<b>≅</b> Add
			🗖 Remove
			Change
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ective date, if other than the date	10/12/2018		,	optional)	
effective date is listed, the date must be sp te: If the date inserted in this block d	pecific and cannot be prior		more than 90 day	s after filing.) Pur	
rument's effective date on the Departi	ment of State's records		mg requirement	o, mis duc mi	not be note.
				01	Li
record specifies a delayed effe he 90th day after the record i		ot an enective	rume, at 12	OI a.m. on	.ne earne
OCTOBER 10	2018	_			
		- Com	~~ <u>~</u>		
Signa	ature of a member or auth	orized representati	ve of a member		