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L1700009386
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Pay To Order : 3550677-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 000140770004
Phone : (305) 341-3480
Tax Number : 3551770-3109

2020 JUL -6 PM 2:44

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CFMJM GROUP LLC

Certificate of Status	0
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2020 JUL -6 PM 12:04

Electronic Filing Menu

Corporate Filing Menu

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July 6, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CFMJM GROUP LLC
9710 STIRLING RD #105
HOLLYWOOD, FL 33024US

SUBJECT: CFMJM GROUP LLC
REF: L17000009586

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: B20000207110
Letter Number: 020A00013086

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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CFMUM GROUP 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 Liability Company were filed on 01/11/2017 and assigned
Florida document number L17000009586.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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:

TAXLEAF PEMBROKE PINES LLC

New Registered Office Address:

652 N UNIVERSITY DR

Enter Florida street address

PEMBROKE PINES

Florida 33024

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

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TAXLEAF PEMBROKE PINES LLC	652 N UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROMAR INTERNATIONAL LLC	14334 BISCAYNE BLVD.	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (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 JUNE 25TH

2020

Signature of Member or authorized representative of a member

RODRIGO BARBONETTI

Typed or printed name of signer

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