117000023764

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DIVISION OF CORPURATION

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>CM</u>		NVESTMENTS Le ited Liability Company	LC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Кау	isheila Underwood	od
		Firm/Company	
	134	WW 68th St Address	
	Mia	City/State and Zip Code	
	SUSIS I	Love Wahuu Com to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Same As	Above	at (305) 298 Area Code Daytime	· 0388
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 (udditional 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

CM Alexander Trice	stments LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/7000023764</u> .	were filed on $1-30-3$	20/7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	VIA	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" o	or the abbreviation "L.L.C" S V S V S T T T T T T T T T T T T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	AH O: 45
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	1. (1 P	LIII LUME

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	
MICK - Manager	
AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
AMBR	Alfred Ham	1346 NW 6Pth Street	Ndd
		1346 NW 68th Street Miami, F1 33147	🗆 Remove
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E. Effective	date, if other than we date is listed, the date	he date of f	iling:	ia- ta data a	C Sling or more	(opt	ional)	ፋስ ና ስግ ር
Note: If t	the date inserted in thi	s block does r	not meet the a	pplicable sta	tutory filing t	equirements, th	is date will not be	listed a
document	's effective date on the	: Department	of State's re	cords.				
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Dated	June //		20	18				
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		Signatur	of a member o	r authorized re	presentative of	a member		

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