

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning on Falls Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	CM ALEXA	NDER INVESTMENTS,LIM	IITED LIABILITY COMPANY	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		KAYSHEILA UNDERWO	OOD	
			Name of Person	
			Firm/Company	
		1346 NW 68TH STREET		
			Address	
		MIAMI, FLORIDA 33147		
		JESUSIS1LOV@YAHOO.	City/State and Zip Code COM	
		E-mail address: (1	o be used for future annual report not	tification)
For further in	formation co	ncerning this matter, please ca	dl:	
SAME AS A	BOVE		305 298-0388	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 IVESTMEN					
(<u>Name of the Lin</u>	iited Liability Com (A Florida Limite	<mark>pany as it now appears o</mark> d Liability Company)	n our records.)		
The Articles of Organization for this Limited		ny were filed on $\frac{1/30/2}{1}$	2017	and a	ssigned
Florida document number L17000023764	··				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the desig	nation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if appl	icable:	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)	·			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>		A	2018	
					T
3. If amending the registered agent an	d/or registered	office address on o	چ ur records, <u>ent</u>	ggarathe mann	e of-the
registered agent and/or the new registered	•				
			`. 		[6]
Name of New Registered Agent:	N/A			B를 간 건	
New Registered Office Address:				Pri j.	
		Enter Florida	street address		
			, Florida		
		City		Zip Cod	·'

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ALFRED HAM	1346 NW 68TH STREET	
		MIAMI, FLORIDA 33147	
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12/14/2018						
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior	to date of fi	ling or more than	(option 90 days after fi	ial) ling.) Pur	suant to	605.0207 (
Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	able statute	ory filing require	ements, this	date will	not be	listed as t
the record specifies a delayed effective date, but not) The 90th day after the record is filed.	t an effe	ctive time, a	t 12:01 a.	m. on (the ea	ırlier of:
DECEMBER 14 2018			•			
Barristali		01				
Signature of a member or autifo	orized repre	sentative of a mer	nber			-

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Typed or printed name of signee

Filing Fee: \$25.00