

L17000122249

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17 JUL 10 PM 5:08
TOLSON

S. WARREN

JUL 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CM GLOBAL SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following

CARLOS RUIZ

Name of Person

CM GLOBAL SERVICES LLC

Firm Company

4109 ARROW RIDGE PL APT 204

Address

KISSIMMEE, FL 34741

City, State and Zip Code

crui@hurtado@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS RUIZ

321

4650500

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$75.00 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**

CM GLOBAL SERVICES 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 06/05/2017 and assigned Florida document number L17000122249.

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:

New Registered Office Address:

Enter Florida street address

City

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.

Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

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

[illegible]

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

Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-

date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b), if the filing complies with applicable statutory filing requirements, this date will not be listed as the date of filing.

(b) The 90th day after the record is filed.

Dated _____,

Signature: _____, _____

LAURA RUIZ

1. $\overline{p} \rightarrow \overline{p} + \pi^0$

~~Authorized representative of a member~~

Printed name of signee

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File Fee: \$25.00

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