

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000238251 3)))



H170002382513ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6383

Cit.

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : I20140000049

Phone

: (786)837-6787

Fax Number (305)718-0687

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CP DEVELOPMENT & INVESTMENT, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$25.00	

970

Electronic Filing Menu

Corporate Filing Menu

O SIMMONS

M.

COVER LETTER

то;	Registration Se Division of Cor						
CUD IE	CP DEVE	CP DEVELOPMENT & INVESTMENT, LLC					
SUBJEC	Tr		ted Liability Company				
			sinh !				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Eric P. Gros-Dubois					
			Name of Person				
		EPGD Attorneys at Law, P.A.					
		Firm/Company 2701 Ponce de Leon Bivd., Suite 202					
			Address				
		Coral Gables, FL 33134					
		City/State and Zip Code					
		eric@epgdlaw.com	to be used for future annual report notifi	ontion			
F 6 A				cationy			
For furth	er information c	oncerning this matter, please ca	M:				
Eric P. (Gros-Dubois		786 8376787				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	i is a check for ti	ne following amount:					
\$25.	00 Filing 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: Registration Section
Division of Corporations
P.O. Box 6327 Tallohassee, 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

CP DEVELOPMENT & INVESTMENT, LLC		•
(Name of the Limited Liability Company (A Florida Limited Lia	us it now appears on our records.)	
,		
The Articles of Organization for this Limited Liability Company w	ere filed on 08/28/2017	and assigned
Florida document number 1.17000183498		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	T. SET
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:		7 5 1
(Principal office address MUST BE A STREET ADDRESS)	Fare	事を
Trinepar office man 65 mess 1 112 / DIRECT ROOKESS		<u> </u>
•		
		and the second
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing uddress MAY BE A POST OFFICE BOX)	<u> </u>	
		 -
B. If amending the registered agent and/or registered office address here:	· · ce address on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	grib + b.	
	, Florida _ 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

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

Title	<u>Name</u>	Address	Type of Action
MGR	CARLOS CORTES	1300 BRICKELL BAY DRIVE,	
		Unit 1209, MIAMI, FL 33131	■ Remove
			□ Change
			Add
			☐ Remove
			Remove
			CFAge CFAge CFAge CFAge CFAge CFAge CFAge CFAge
			Rempee
			Add
			□ Remove
			☐ Change
			D Add
			Remove

o: Division of	Corporations	Page 6 of 6	2017-09-05 14:	49:01 (GMT)	13057180687	From: Assistant Assista
D. If am	ending any	other information, e	oter change(s) here:	(Attach additional she	ets, if necessary.)	
						
						
			-	***************************************		
		·	·····			
	<u> </u>					- ***
	·			***		<u> </u>
						". 1'"
					· · · · · · · · · · · · · · · · · · ·	SE SE TI
						SEP -S AM 8: 39
			,			8: 3 3
						<u>**</u>
			·		· · · · · · · · · · · · · · · · · · ·	·
E. Effec	tive date, if o	ther than the date o	filing:		(optional)	

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.

ated	2017
	GMA
	Signature of a member or puthorized representative of a member
Eric P. Gros-Dubois	
	The state of the s

Page 3 of 3

Filing Fee: \$25.00