

L17 000 192083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

414423  
Per Michelle Dorr change name  
to: CRM Ventures Group LLC  
Office Use Only  
CRM



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02/11/22--01014--008 \*\*25.00

N/C

2022 APR -4 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

O SIMMONS  
APR 04 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2022

MICHELLE DARR  
10412 BRENTFORD DRIVE  
TAMPA, FL 33626

SUBJECT: M2L PRIVATE INVESTMENTS LLC  
Ref. Number: L17000192083

We have received your document for M2L PRIVATE INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

TERARRA A SIMMONS  
OPS

Letter Number: 022A00007291

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M2L Private Investments LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Darr

\_\_\_\_\_  
Name of Person

M2L Private Investments LLC

\_\_\_\_\_  
Firm/Company

10412 Brentford Drive

\_\_\_\_\_  
Address

Tampa, FL 33626

\_\_\_\_\_  
City/State and Zip Code

mdarr@landersandpartners.com

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

For further information concerning this matter, please call:

Michelle Darr

813 468-0407  
at ( )

\_\_\_\_\_  
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  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2008 APR -4 PM 2: 02

SECRETARY OF STATE  
TALLAHASSEE, FL

M2L Private Investments 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 9/15/2017 and assigned  
Florida document number L17000192083.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~CMR Investments LLC~~ CMR Ventures Group LLC

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

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**

[illegible]

**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 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 April 1, 2022

*Michelle R.*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Michelle Darr**

Typed or printed name of signee

**Filing Fee: \$25.00**