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## **COVER LETTER**

то:	Registration Se Division of Cor			
CUDIC	or.	C&M INTERNATION	ONAL INVESTOR, LLC	
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
			JOSE A CABRERA	
			Name of Person	
			Firm/Company	
		2950	GLADES CIRCLE UNIT 7	
			Address	
		WESTON, FL 33327		
			City/State and Zip Code	
		<u>-</u>	abreraj@gmail.com to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please co	·	
JOSE A	CABRERA		954 213-5258	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
₩ \$25	5.00 Filing Fee	S30.00 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 S		Street Address: Registration Se	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	l allahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NATIONAL INVESTOR, LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary	Company were filed on 02/08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)	
	·	9.20
		JC i
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MAYRA A MARCANO	2950 GLADES CIRCLE UNIT 7, WESTON FL 33	3327 <u>■</u> <b>A</b> dd
			□Remove
			□Change
AMBR	JOSE A CABRERA	2950 GLADES CIRCLE UNIT 7, WESTON FL 33	3327 <b>≡</b> Add
			□Remove
			□Change
MGR	JOSE A CABRERA	2950 GLADES CIRCLE UNIT 7, WESTON FL 33	3327 □ Add
			□Change
		<u> </u>	□Add
			□Remove
			□Change
<del></del>			🗀 Add
			□Remove
			□Change
· · · · · · · · · · · · · · · · · · ·			□Add
			□Remove
			□Change

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
recor I is fi	d 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 led.
ated	OCTOBER 16TH 2020
	Signature of a member or authorized representative of a member
	JOSE A CABRERA- AMBR  Typed or printed name of signee

Filing Fee: \$25.00