

118000069663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

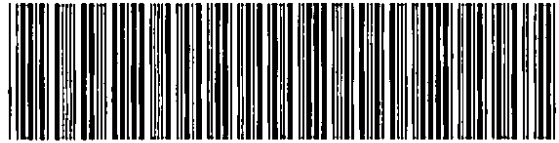
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500322192355

12/25/18--01025--004 \*\*20.00

FILED  
2018 DEC 26 PM 3:07  
STATE OF ALABAMA  
CLERK OF THE COURT

Amend

JAN 09 2019

I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRISTOVAO INVESTMENT 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:

Jaime Reyes

Name of Person

CBA Miami LLC

Firm/Company

7855 NW 12th Street, Suite 214

Address

Doral, FL 33126

City/State and Zip Code

cbamiamillc@gmail.com

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

For further information concerning this matter, please call:

jaime reyes

Name of Person

at ( 786 )

Area Code

728-5603

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2018 DEC 26 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CRISTOVAO INVESTMENT 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 03/15/2018 and assigned  
Florida document number L18000069663.

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:**

653 Spinnaker

**(Principal office address MUST BE A STREET ADDRESS)**

Weston, FL 33326

**Enter new mailing address, if applicable:**

7855 NW 12th Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Suite 214

Doral FL 33126

**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:

ELISA DEMENA

New Registered Office Address:

653 Spinnaker

*Enter Florida street address*

WESTON

*City*

Florida

33326

*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.*

x   
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  
ANIBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Rosa Jacqueline D. Pinto Leite</u>	<u>653 Spinnaker</u>	<input checked="" type="checkbox"/> Add
		<u>Weston, FL 33326</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Jefferson Demena Lopez Cristovao</u>	<u>653 Spinnaker</u>	<input checked="" type="checkbox"/> Add
		<u>Weston, FL 33326</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated 08/17/2018.

x Elsa Deming

ELISA DEMENA

**Filing Fee: \$25.00**