11800069734

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SECRETARY OF STALL

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COVER LETTER

TO: Registration S Division of Co			٠.
CMT Rea	l Estate, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Teresa Hill		
		Name of Person	
	CMT Real Estate Inc.		
		Firm/Company	
	314 N Lake Dr.	Name of Person Firm/Company Address City/State and Zip Code om be used for future annual report notification)	
		Address	
	Lantana, FL 33462		
	C-traclastatains@amail	·	
	Crntrealestateinc@gmail E-mail address:		fication)
For further information of	concerning this matter, please c	all:	
Teresa Hill			
Name of Person			e Telephone Number
Enclosed is a check for t	he 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)
R e gist Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor Clifton Building	on

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	eal Estate LLC illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000069734		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	er the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADI	DRESS)	——————————————————————————————————————
		8 00 00 00 00 00 00 00 00 00 00 00 00 00
Enter new mailing address, if applicable:		3 (1)
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	, Flori	daZip Code
	Clty	Zip Cod e

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date ote: If the date inserted in thi	s block does not i	meet the applic	able statutory fi	r more than 90 day ling requirement	s after filing.) Pu s, this date will	rsuant to not be	605.02 listed
ocument's effective date on th	e Department of	State's records.					
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June 25		./2018	 ·				
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4	44 <i> </i>						
Jer		nember or nutho	orized representat	ive of a member			-

Page 3 of 3

Filing Fee: \$25.00