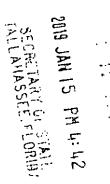




01/02/19--01024--021 **25.00



COVER LETTER

TÓ: Registration Section Pols Jan 15 Par 1. 12 Division of Corporations CMRENORTH AMERICA LLC SUBJECT: _ 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: BARRY REYES Name of Person Firm/Company 401 EJACKSON ST STE 2340 Address TAMPA FL 33602 City/State and Zip Code CEO@CREDITMRLCOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 7620187 BARRY REYES Davtime Telephone Number Name of Person

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

□ \$55,00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ÓF

CMRI NORTH AMERICA LLC

ART	-	ORGANIZATIO? F	ir records.)
CMRI NORTH AMERICA LLC			ATT S
(Name of the Lim	ted Liability Compa (A Florida Limited)	inv as it now appears on or Liability Company)	ir records.)
The Articles of Organization for this Limited I	•	were filed on $\frac{3/30/2013}{2}$	and assigned
Florida document number L1800081926	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name (</u>	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		401 EJACKSON ST	
		STE 2340	
		TAMPA F1, 33602	
Enter new mailing address, if applicable:		401 EJACKSON ST	
(Mailing address MAY BE A POST OFFICE BOX)		STE 2340	
		TAMPA FL 33602	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new
Name of New Registered Agent:	BARRY REYI	ES	
New Registered Office Address:	401 EJACKSC	ON ST. STE 2340	
-		Enter Florida sire	et address
	ТАМРА	· · · · · · · · · · · · · · · · · · ·	, Florida <u>33602</u>
		Сйу	Zip Code

Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	MICHAEL LOPEZ	201 E KENNEDY BLVD STE 950	
AR			 ___\\dd
		TAMPA FL 33602	
			■ Remove
			Change
	CHRISTOPHER THOMAS	201 E KENNEDY BLVD STE 950	
AT			
		TAMPA FL 33602	
			■ Remove
			☐ Change
	RYAN REYES	401 E JACKSON ST. STE 2340	
MGR	(1. t. (1. (1.))		
		TAMPA FL 33602	
•			☐ Remove
			☐ Change
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fecti an eff	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
, C (1111	em seriective date on the 12cpartment of ordice seconds.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
	DECEMBER 18th 2018
ated	
ated	
ated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00