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COVER LETTER

Division of Corporations CP FLORIDA INEVESTMENTS 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: DATANA GARCIA Name of Person CP FLORIDA INVESTMENT LLC Firm/Company 5686 ROYAL PINE BLVD Address ORLANDO: FL 32807 City/State and Zip Code DAIANAGARCIA76@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAIANA GARCIA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ■ \$25,00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

CP FLORIDA INEVESMENT LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 06/28/2018	and assigned
Florida document number L18000155073		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22 S
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		15 04
 If amending the registered agent and/or registered office adorest and/or the new registered office address here: 	dress on our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City:	Zin 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 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
MGR	JEAN CARLOS	5686 ROYAL PINE BLVD	
		ORLANDO, FL 32807	= n
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on effective date is listed, the date must bote: If the date inserted in this bloc	e specific and cannot	ot be prior to date	of filing or more th	an 90 days after fili	ng.) Pursuant to (505,020 Setod a
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record specifies a delayed effective of is filed.	date, but not an ef	fective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day a	fter the
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