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Office Use Only

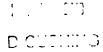


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CM Prestige Enterprise 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:
Diane Mouriz Name of Person
CM Prostige Enterphise LLC Firm/Company
6815 BISCOYNE Blud Stc: 103-182
Minmi Fl 33138 City/State and Zip Code
CUSTOME VS UP DV L STORE (MICLING, COM) E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 299 9030 Area Code Daytime Telephone Number
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

_ CM Prestige	Ente	rphse cuc	
(Name of the Limited I	Florida Limited I	ny las it now appears on our records.) Liability Company)	اري المحالية ماري المحالية
The Articles of Organization for this Limited Liabi	lity Company 172	were filed on 4/10/2019	_ and assigned?
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
The new name must be distinguishable and contain the words	s "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6815 Biscayne 182 Miami Fl 3313	Rivelsten
B. If amending the registered agent and/or registered agent and/or the new registered office			e name of the new
Name of New Registered Agent:	Diana	M Mainz	<u></u> ,
New Registered Office Address:	6815	BISCOUNT BAYD STC Enter Florida street address	103-182
-	Mic	City, Florida	3\38 Zip Code
New Registered Agent's Signature, if changing Regi	istered 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 Address **Type of Action** Title Name Carlos Montenegro Mounz □ Add Remove □ Change Diane M Mainz 6535 Biscarne Bud & Add STC 103-182 MICIFI 33138 Remove _□ Change □ Add □ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove _□ Change □ Add ☐ Remove

_□ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e: <u>Note</u> :	tive date, if other than the date of filing:
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	October 24 2019
	Signature of a member or authorized representative of a member
	DICINE M MOUN Z Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00