

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L20000163433**

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To:

Division of Corporations  
Fax Number : (350)617-6383

From:

Account Name : RC TAX SERVICE LLC  
Account Number : I20140000083  
Phone : (407)932-0040  
Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: fcataxservice@earthlink.net

LC:LLY 1-17707

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CEMA M&G LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2020 JUN - 1 PM12:56

RECEIVED

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Corporate Filing Menu

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JUN 02 2020

## **COVER LETTER**

TO: Registration Section  
Division of Corporations

**SUBJECT:** CEMA M&G 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:

Name of Person

CEMA M&G LLC

Firm/Company

5116 CONROY RD UNIT 412

### Address:

ORLANDO, FL 32811

**City/State and Zip Code**

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

For further information concerning this matter, please call:

MARIAN SALAZAR

407 437-4902

Name of Person

Area Code

**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 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

CEMA M&G LLC

2020 JUN - 1 4:11:37

(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 04/28/2020 and assigned Florida document number L20000114870.

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:**

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

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

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

**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:

MARIAN DIELERIXA SALAZAR

New Registered Office Address:

5116 CONROY RD UNIT 412

*Enter Florida street address*

ORLANDO

Florida 32811

*City*

*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.*

*Marian D Salazar*

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>	<u>Address</u>	<u>2020 JUN - 1 AMBR: 37</u>	<u>Type of Action</u>
AMBR	MARIAN D. SALAZAR	5116 CONROY RD UNIT 412		<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32811		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR	MIRIAN SALAZAR	5116 CONROY RD UNIT 412		<input type="checkbox"/> Add
		5116 CONROY RD UNIT 412		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
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				<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 JUN - 1 AM 11:37

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 1 2020

Hanan D. Salazar

Signature of a member or authorized representative of a member

MARIAN D. SALAZAR

Type or printed name of signee

**Filing Fee: \$25.00**