LZ0000363713

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

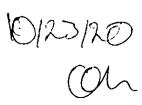




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2020 SEP 14 AM 9: 16 SECRETARY OF STATE TALL AHASSEF, FI



COVER LETTER

TO: Registra Division		tion orations		
COLOR DE COME		ESTMENTS LLC		
SUBJECT:			ited Liability Company	
The enclosed Arti	cles of £	amendment and fee(s) are sub-	mitted for filing.	
Please return all co	orrespor	idence concerning this matter	to the following:	
		ROBERT DIRNFELD		
			Name of Person	
			Firm/Company	
		10750 NW 66 ST APT 405		
			Address	
		DORAL FL 33178		
		ROBY855@YAHOO.COM		
For further inform	nation co	E-mail address: (i neerning this matter, please ca	to be used for future annual report not all:	ification)
ROBERT DIRNE	ELD		305 812-0007	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a chec	ck for the	e 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 tadditional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Bo Tallaha		7 L 32314	The Centre of ' 2415 N. Monre	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 SEP 14 AM 9: 16

CMAS INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our restart TARY OF STATE
(A Florida Limited Liability Company) TALLAMASSEE, FL

The Articles of Organization for this Limited Liability Company	were filed on 812	25/20	and assigned
Florida document number 1,20000263713	·	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
CMAS INVESTMENTS LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	*===		
(Principal office address MUST BE A STREET ADDRESS)			
	••		
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our recoi	rds. <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:			
-	Enter Florida s	street address	
		, Florida	
	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.

.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

Title	<u>Name</u>	Address	Type of Action
AMER	ROBERT DIRNFELD	10750 NW 66 ST APT 405	≣ Add
		DORAL FL 33178	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

-	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
If the record record is file	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 ed.
Dated _	99/03/2020 Gignature of a member of authorized representative of a member
	CARLA M ABELLO

Typed or printed name of signee