12000374475 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000356861 3)))



H210003588813ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOMUS GLOBAL TAX ADVISORS LLC

Account Number : I20200000162 Phone : (407)334-7001 Fax Number : (123)456-7890

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

Email Address: OFFICE (Q) COMUS GlOBALTAX. COM

SIGN E

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CV REAL ESTATE INVESTMENTS LLC

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

021 SEP 23 AM 11: 15

Electronic Filing Menu

Corporate Filing Menu

Help



DocuSign Envelope ID: CF309BDC-E7FC-40FC-BA22-4772113BB807
COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor				
CHB IEA	CV REAL	ESTATE INVESTMENTS LL			
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	etum all correspo	ondence concerning this matter	to the following:		
		FERNANDA FIGUEIRE	00		
			Name of Person		
		DOMUS GLOBAL TAX	ADVISORS LLC		
			Firm/Company	····	
		7680 UNIVERSAL BLVI	STE 510		
Address			Address		
		ORLANDO, FL 32819			
			City/State and Zip Code		
		OFFICE@DOMUSGLOB/			
For furth	ser information o	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	ottlication)	
	NDA FIGUEIRI		407 334-7001		
	Name o	f Person	at () Area Code Dayti	ime Telephone Number	
Enclosed	d is a check for t	he following amount:			
■ \$25 .	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:		
	Registration :		Registration S		
	Division of C P.O. Box 632		Division of Co The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: CF3098DC-E7FC-40FC-BA22-47721138B807

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CV REAL ESTATE INVESTME	NTS LLC					
(Name of the Lim	(A Florida Limit	npany as it now appears ed Liability Company)	on our records.)			
The Articles of Organization for this Limited 1	Liability Compa	any were filed on 08/2	0/2021	and as	signed	
Florida document number L21000374475	 -					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited l	iability company her	<u>·e</u> :			
N/A						
The new name must be distinguishable and contain the	words "Limited L	iability Company," the des	signation "LLC" or t	he abbreviation "L	L.C."	_
Enter new principal offices address, if appli	r new principal offices address, if applicable:					
(Principal office address MUST BE A STRE	ET ADDRESS	2			· 	
	<u>. </u>			<i>48</i>		
				<u>≯</u> (;	2021	
Enter new mailing address, if applicable:		N/A		<u> 2</u>	E E	_
(Mailing address MAY BE A POST OFFICE			-6			
					<u>ယ</u>	<u></u>
		÷		· #.	AM	ب
B. If amending the registered agent and/or		ce address on our re	cords, <u>enter the</u>	name of the ne	w regis	tere
agent and/or the new registered office addr	ess nere;			₽F	90	
Name of New Registered Agent:	N/A	····				_
New Registered Office Address:	N/A					
		Enter Florid	da sireet address			_
	N/A		, Florida	N/A		
		Cire	 -	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.

DocuSign Envelope ID: CF309BDC-E7FC-40FC-BA22-4772113BB807
II amenuing Authorized rerson(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
AMBR	GABRIEL KUNHARSKI CARDO	5216 NW 28TH ST	
		MARGATE, FL 33063	■Remove
			□Change
			□Add
			□Remove
			\ \ \ \
			□Rcmove
			□Change
			□Remove
			DChange
			DbbA
			□Remove
			□Add
			□Remove
			[]Change

N/A		
		
ective date, if other than the di	ate of filling: (0) c specific and cannot be prior to date of filing or more than 90 days a	ptional) ofter filing) Pursuant to 605.0
te: If the date inserted in this bloc	k does not meet the applicable statutory filing requirements,	this date will not be listed
ument's effective date on the Dep	artment of State's records.	
		e all are port to so
cord specifies a delayed effective of s filed.	date, but not an effective time, at 12:01 a.m. on the earlier of	ii (b) - the 90th day after
, 111 0 01		₹ <u>*</u>
September 22nd	2021	
ad Ceptoticon Palla		: · · · · · ·
ed		<u> </u>
ed	FIBILING UKBING MONTERO	SEL SER Z
ed	FIBILING WELLO MONTERO Ignature of a member or authorized representative of a member	
ed	gnature of a member or authorized representative of a member	(4) 1 € 1

Filing Fee: \$25.00