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## **COVER LETTER**

 $\mathcal{C}_{i}$ 

TO: Registration Sec Division of Corp			
	CPAT IN	vestments LL	C
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles of A	amendment and fee(s) are sub	mitted for tiling.	
Please return all correspon	dence concerning this matter	to the following:	
	Ca.	rlos Patino Name of Person	
		Investments	
	610 N.E.	Firm/Company 116 th Street	
	Biscayne	Park, FL 331	61
	c patino.	Park, FL 3316 City/State and Zip Code 110 gma; 1. com	
	E-mail address: ()	to be used for future annual report notific	ration)
For further information con	ncerning this matter, please co	atl:	
Carlos	Patino	at (305) 498 Area Code Daytine	-3881
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
图 \$25.00 Filing Fee	S30.00 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)
<u>Mailing Address:</u> Registration Sc		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

CPAT I	Investments LLC
( <u>Name of the Limited Liabili</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>\(\begin{align*} \frac{1000}{917} \frac{34}{9} \end{align*}</u>	Company were filed on 09/29/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2021 ALL A
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del> -	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR.	Carlos Patrio	610 N.E. 116 th St.	<b>=</b> Add
		610 N.E. 116 th St. Bircagna Park, FC 33161	□Remove
			□Change
			□Add
		ر	□Remove
			Remove  Add PH  Refliove
			Add 8
			O. D. Renfiove
			□Change
			DAdd
			Remove
			□Change
			□Add
			Remove
		<del></del>	□Change
			□Add
			□Remove
			Псь

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Filing Fee: \$25.00