122000051198

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





700383999067

03/21/22--01023--009 **30.00

2022 HAR 21 PH 12: 03

G 4/1/2022

COVER LETTER

TO:

TO: Registration Se Division of Cor					
	CIATES & INVERSION LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	-			
	ROSA V CLARK				
		Name of Person	· · ·		
	CM ASSOCIATES & INV	ERSION LLC			
		Firm/Company	<u> </u>		
	1805 ATLANTIC ST APT	124			
		Address			
	MELBOURNE BEACH, F	FL 32951			
		City/State and Zip Code			
	LNCINSURANCES@YAH		·		
For further information c	e-mail address: (oncerning this matter, please of	to be used for future annual report not all:	nication)		
ROSA V CLARK		407 9736663			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne 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 S		Street Address: Registration Se	ection		
Division of C	orporations	Division of Corporations			
<u>Mailing Addres</u> Registration S	Section corporations	Certified Copy (additional copy is enclosed) Street Address: Registration Se Division of Co The Centre of	Certificate of Statu Certified Copy (additional copy is enclo ection rporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CM ASSOCIATES & INVERSION LLC

2022 HAR 21 PM 12: 03

	A Florida Limited Lightity Company)	rasyECR:: ///// / white
•	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Lia	ability Company were filed on 01-31-2022	and assigned
Florida document number L22000051198		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
		·····
Enter new mailing address, if applicable:		
ALTO II MARINE ADOCTORIOR I		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
(Mailing address MAY BE A POST OFFICE E	<u></u>	•
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, ente	er the name of the new registere
B. If amending the registered agent and/or re	egistered office address on our records, ente	er the name of the new registere
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, ente	er the name of the new registere
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, ente	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, <u>ente</u> s shere: Enter Florida street addr	ress
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, <u>ente</u> s shere: Enter Florida street addr	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, entes s here: Enter Florida street address.	esv Florida

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>	Name	Address	Type of Action
AMBR	TORRES ALVES, MARILYN G	10708 MACMORA RD, AUSTIN, TX 78758	□ Add
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
		 	Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□ ∧dd
			🗆 Remove
			□ Change

ective date, if other than the date of filing: 03/10/2022 (optional) reflective date is listed, the date must be profit and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Eight date instructed in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. Second 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 stiled. Assument of a member or authorized representative of a member. Signature of a member or authorized representative of a member.										_
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.										_
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.										_
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.					-					-
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.										-
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.										_
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.									···	_
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.										_
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.										_
cective date, if other than the date of filing: O3/10/2022 (optional) reflective 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.				•						_
ective date, if other than the date of filing:					• • •					_
ective date, if other than the date of filing:										_
ective date, if other than the date of filing:										_
ective date, if other than the date of filing:										_
ective date, if other than the date of filing:										_
ective date, if other than the date of filing:										
ective date, if other than the date of filing:								·-··		_
ective date, if other than the date of filing:									- ,	_
ective date, if other than the date of filing:										_
ective date, if other than the date of filing:				03/10/	2022					
is filed.	an effective da lote: If the c	ate is listed, the da late inserted in t	ite must be specific his block does n	ling: and cannot be of meet the a	prior to date o		than 90 day	s after filing.)		
Rosa V. Clark	record speci I is filed.	fies a delayed ef	Tective date, but	not an effect	tive time, at	2:01 a.m. on	the earlier	of: (b) The	e 90th day aft	er the
Rosa V. Clark	ated	Jurch 1	10	_, <u>{</u>	22.					
		Rosa	$g = c \cdot c$	ert						
Signature of a member or authorized representative of a member	-		Signature c	f a member o	r authorized re	presentative of	a member			
Rosa V. Clark. Typed or printed name of signee		Description	4ا م							