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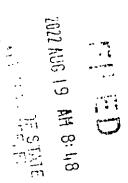
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## **COVER LETTER**

	Division of Corporations			
ero rezec		RT 77 LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		STEPHANNY G URUET.	A	
			Name of Person	
		CM IMPORT 77 LLC		
			Firm/Company	
		19370 COLLINS AVE AL	T 1014	
			Address	
		SUNNY ISLES BEACH.	FL 33160	
		<del></del>	City/State and Zip Code	
	•	USTUEMPRESA@GMAII  E-mail address: 0	to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please c		
	EY G URUE	-	786 340-0372	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:		
<b>≡</b> \$25.00 F	filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, 1	Section orporations 7	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

CM IMPORT 77 LLC

(Name of the Limit	ted Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited L. Florida document number 1.22000064370	iability Company	were filed on 02/07/2022 6 100 355 (F) and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liab	pility company here:
NA		
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		NA
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre	~	address on our records, enter the name of the new registere
Name of New Registered Agent:	NA	w———
New Registered Office Address:	NA	
		Enter Florida street address
	NA	. Florida <sup>NA</sup>

## 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.

City

Zip Code

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
MGR	STEPHANNY G URUETA	19370 COLLINS AVE APT 1014	□Add
		SUNNY ISLES BEACH, FL 33160	■Remove
			□Change
AMBR	PEDRO VALERA	19370 COLLINS AVE APT 1014	<b>=</b> Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
AMBR	YENNI RIVAS	19370 COLLINS AVE APT 1014	■Add
		. SUNNY ISLES BEACH, FL 33160	□Remove
			Change
NA	NA	NA -	□Add
			⊡Remove
			□ Change
NA	NA	NA	□Add
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	ive date, if other than the di	ate of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 6	505 0207 (3)c
Note:	If the date inserted in this block	k does not meet the applicable statute	ry filing requirements, this date will not be 1	isted as the
docum	ent's effective date on the Depa	artment of State's records.		
he record ord is fil		late, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day at	fter the
	AUGUST 6TH	2022		
Dated	AUGUST 6TH	· ·		
		Stephanny U	ta	
		supranny u	weca	

Typed or printed name of signee