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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED 2023 JUN 12 PH 2:01 SECRE IARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

FO: Registration Section Division of Corporations

Cpm Investments LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ravindra Ramnarace Name of Person Cpm Investments LLC Firm/Company 8611 Ridgemar Ct Address Orlando FI, 32818 City/State and Zip Code cpmcares@gmail.com E-mail address: (to be used for future annual report notification) ror further information concerning this matter, please call: at (<u>561</u>) 506-4524 Area Code Daytime Telephone Number Ravindra Ramnarace Name of Person Enclosed is a check for the following amount: S60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & 11 \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 1

ARTICLES OF AMENDMENT
ТО
ARTICLES OF ORGANIZATION
OF

CPM INVESTM	IENTS LLC		
(Name of the Limited Liz (A Flo	bility Company as it now appear orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	03/21/2023	and assigned
Florida document number L23000142780			
This amendment is submitted to amend the following	<u>z</u> :		
A. If amending name, <u>enter the new name of the l</u>	limited liability company h	ere:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		SECILIARY UN
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ecords, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	_ .
		. Florida	
—	City	, riorida _	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 treprovisions 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 to 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>	Name	Address	Type of Action
MGR_	Ravindra Ramnarace	8611 Ridgemar ct , orlando fl 32818	🛛 Add
			[]Remove
			□Change
• • • • • - • -			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	 □Remove
			□Change
			🗆 Add
			🗍 Remove
			DChange
			🗆 Add
			🛛 Remove
			Change
			DAdd
			🗍 Remove
			DChange
			🗆 Add
			🗆 Remove
			Change

D. If amen	ding any other	[·] information, ente	r change(s) here:	(Attach additional sheets,	if necessary.)
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	(I)	
ective date, if other than the date of filing:	or more than 90 days after filin	l) g.) Pursuant to :	605.01

If the record 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 record is filed.

Dated May 23rd 2023

Signature of a member or authorized representative of a member

Ravindra Ramnarace

Typed or printed name of signee