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## **COVER LETTER**

	Registration Se Division of Cor		ř			
SUBJEC		state Solutions LLC				
SUBJEC	1:	Name of Lim	ited Liability Company	···		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		Mauricio Chavez Valencia				
			Name of Person			
		CM Real Estate Solutions	LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	·		
		2221 Orange Ave E Apt 421				
		Address				
		Tallahassee, Florida 32311				
		City/State and Zip Code				
		Info@saeg-consulting.com	to be used for future annual report no	.:C		
For furthe	er information c	oncerning this matter, please c	·	uncation)		
CM Real	Estate Solution	is LLC	786 766-8938			
•	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
£ \$25.0	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 Addres		Street Address:			
Registration Section			Registration Se Division of Co			
Division of Corporations P.O. Box 6327		The Centre of				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CM Real Estate Solutions LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	.)
The Articles of Organization for this Limited Liability (	Company were filed on 04/16/2024	and assigned
lorida document number L24000179702	<u></u> .	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
		707
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	T ( T )
Enter new principal offices address, if applicable:		03(
Principal office address MUST BE A STREET ADD	PFSS)	
Timenal office address most be A STREET ADD.		
		Ö
		ယ္ · ဟ
Enter new mailing address, if applicable:	<del></del>	.··
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, <u>enter t</u>	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
<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 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>	<u>Name</u>	Address	Type of Action
MGR	Adriana Montes Covarrubias	2221 Orange Ave E Apt 421 Tallahasee FL, 32311	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			Remove
			□Change
		-	□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Chance

_	
<del></del>	
(If an effec	e date, if other than the date of filing:
ord is filed	
Dated _	Signature of a member or authorized representative of a member
	Mauricio Chavez Uglereik  Typed or printed name of signee