

M14 000605602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

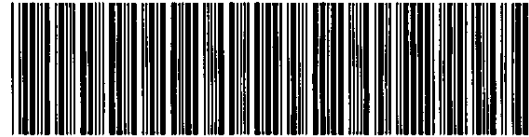
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M14-5602

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROUP CP INVESTMENT LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS VIGO

Name of Person

VIGO & VIGO CPAS, LLP

Firm/Company

5805 BLUE LAGOON DR. STE #300

Address

MIAMI, FL 33126

City/State and Zip Code

VIGOVIGOCPA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS VIGO

Name of Person

at (305) 266-1812

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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2014 SEP -4 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

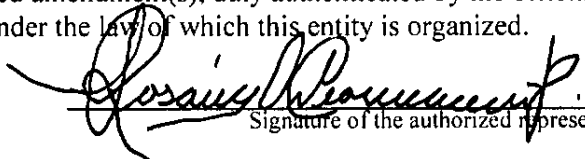
1. Name of limited liability Company as it appears on the records of the Florida Department of State: GROUP CP INVESTMENT LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 08/05/2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," "LLC," or "LIMITED LIABILITY COMPANY.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: PLEASE SEE ATTACHED
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative/Registered Agent

ROSA ANGELA CECCOMANCINI
Typed or printed name of signee

Filing Fee: \$25.00

**PLEASE SEE ATTACHED - CHANGE OF ALL ADDRESSES OF THE LLC,
REGISTERED AGENT, AND OF AUTHORIZED PERSON**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ATTACHMENT TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO
CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

Please see the following changes for: **Group CP Investment LLC** (Doc. No. M14000005602)

New principal offices address:

2626 NW 97th AVE
DORAL, FL 33172

New mailing address:

2626 NW 97th AVE
DORAL, FL 33172

Change of Registered Agent:

New - ROSANGELA CECCOMANCINI POLIZZI
 2626 NW 97th AVE
 DORAL, FL 33172

Change of Authorized Person:

Remove - CECCOMANCINI MENNA, PIETRO Title: MGR
 1302 MIAMI SPRINGS AVE
 MIAMI SPRINGS, FL 33166

Add - ROSANGELA CECCOMANCINI POLIZZI Title: MGR
 2626 NW 97th AVE
 DORAL, FL 33172

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