

M14 000605602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

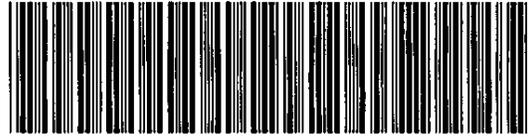
(Business Entity Name)

(Document Number)

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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 at (305) 266-1812  
Name of Person 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

**FILED**  
 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)**

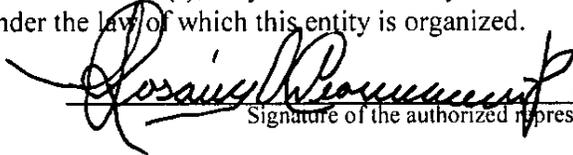
1. Name of limited liability Company as it appears on the records of the Florida Department of State: GROUP CP INVESTMENT LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 08/05/2014

**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 "L.L.C.")

(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

2014 SEP -4 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 97<sup>th</sup> AVE  
DORAL, FL 33172

**New mailing address:**

2626 NW 97<sup>th</sup> AVE  
DORAL, FL 33172

**Change of Registered Agent:**

New - ROSANGELA CECCOMANCINI POLIZZI  
2626 NW 97<sup>th</sup> 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 97<sup>th</sup> AVE  
DORAL, FL 33172

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