## 10300017752

(Requ	uestor's Name)
(Addı	ess)
(Addı	ress)
(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busi	ness Entity Name)
(Doce	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:
6/14	anend
102-	17752
	11100

Office Use Only



900037368339



MJH

## TRANSMITTAL LETTER

TO:	Registration Section		
	Division of Corporations		
CHRIE	CT: CENTRAL FLORIDA FINANCI	ALSERVIC	CES LLC
SUBJEC	(Name of Lin		
The encl	osed Articles of Organization and fee(s) ar	e submitted fo	for filing.
	Please return all correspon	dence concert	rning this matter to the following:
	DAVID OLIVENCIA		
		(Name of Per	erson)
	CENTRAL FLORIDA FINANCIA	AL SERVIC	CES LLC
		(Firm/Compa	oany)
1	119 BARBADOS STREET	_	
		(Address)	s)
	ORLANDO, FL 32825		
	(C	ity/State and Zi	Zip Code)
For furth	er information concerning this matter, plea	se call:	
	2 71		
DAVID	OLIVENCIA	at (_407	207-5509
	(Name of Person)		ea Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Control	Florida	Financial.	Sanringe	11	$\sim$

(Present Name) (A Florida Limited Liability Company)

FIRST:	The date of filing of the arti	icles of organization was	MAY 15 2003
SECONI	The following amendment( liability company:	s) to the articles of organi	zation was/were adopted by the limited
ΑN	ENDMENT OF THE FOL	LLOWING ARTICLE:	
AR	TICLE II : 1119 BARBAD	OOS ST ORLANDO,	FL 32825
AR	TICLE IV: 1119 BARBAD	OOS ST ORLANDO,	FL 32825
DA	TICLE V: MANAGER TI VID OLIVENCIA 19 BARBADOS STREET		5
EL	TICLE V: MANAGER TIT ZABETH OLIVENCIA 19 BARBADOS STREET		NT / MGR
Dated	JUNE 01	,	· · · · · · · · · · · · · · · · · · ·

ELIZABETH OLIVENCIA

Typed or printed name of signee

Filing Fee: \$25.00



