## L130001116095

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	<del></del> e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000337911040

12/18/19--01017--028 \*\*25.00

FILED
2019 DEC 18 PH 1: 01
SECRETARY JI SECRETARY
VALUARY SSET FLOREDA

Amend

JAN 1 7 2020 I ALBRITTON

## **COVER LETTER**

то:	Registration Se Division of Cor			
elin i		al Services LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Cecile Alexandre		
			Name of Person	
		CA Financial Services LL0	С	
			Firm/Company	
		2237 Ridgewood Cir		
			Address	
		Royal Palm Beach, Fl. 334	111	
			City/State and Zip Code	
		cafinancialservicesllc@gma		
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Cecile	2 Alexandre		561 703-3987	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICI	LES OF ORGANIZATION	P
	OF	and assigned
CA Financial Services LLC		35. 6 1
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our record- lorida Limited Liability Company)	
	8/16/2013	30 7
The Articles of Organization for this Limited Liabil		and assign
Florida document number L13000116095		Ş.
This amendment is submitted to amend the following	iā:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	STATE OF THE STATE	Sanda de la constanta de la Co
The new name must be distinguishable and comain the words	Elimited Liability Company, the designation LEC	or the appreviation (L.L.C.
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	<del></del> -	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new
registered agent and/or the new registered office	address here.	
Name of Nam Projectoryl Agents		
Name of New Registered Agent:		
New Registered Office Address:	6 6 6	
	Enter Florida street addres.	i
_		orida
	City	Zip € ode

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Acton Leonar	Acton Leonard Alexandre	2031 NW 35th Ter, Coconut Creek, FL 33415	■ Add
			□ Remove
			Change
		<del></del>	□ Remove
			☐ Change
		Remove	
			Change
	<u> </u>	·	□ Add
			□ Remove
			Change
		Remove	
		Change	
		Remove	
			☐ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
	11/01/2010
lo <u>te:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated _	We wie Artensher  Signature of a member or authorized representative of a member
	Would Athensha Signature of a member or authorized representative of a member
	1

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00