

L12000146304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

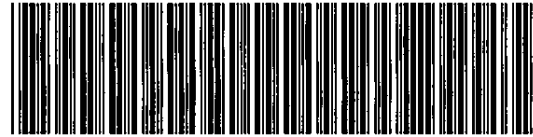
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100242540201

12/14/12--01007--011 **25.00

FILED
2018 JAN -4 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE

JAN 07

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2012

CLEO COLLANGE
299 W CAMINO GARDENS BLVD #201
BOCA RATON, FL 33423

SUBJECT: CADET FINANCE LLC
Ref. Number: L12000146304

We have received your document for CADET FINANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 612A00029711

2013 JAN -4 PM 3: 08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CADET FINANCE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLEO COLLANGE
Name of Person
KPL MANAGEMENT LLC
Firm/Company
299 W CAMINO GARDENS BLVD #201
Address
BOCA RATON, FL 33423
City/State and Zip Code
CLEO@KPLDEVELOPMENT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEO COLLANGE at **(561) 447-2541**
Name of Person Area Code & Daytime Telephone Number

FILED
2019 JAN -4 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- \$25.00 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

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**

CADET FINANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/20/2012 and assigned Florida document number L12000146304.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SECRETARY OF STATE TALLAHASSEE FLORIDA	2013 JAN - 4 PM 3:08	FILED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ERIC KORCHIA	160 W CAMINO REAL SUITE 285	<input type="checkbox"/> Add
		BOCA RATON, FL 33423	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 2019 JAN - 4 PM 3:08
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 2, 2013

Audrey

Signature of a member or authorized representative of a member

JEAN DETROYAT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JAN -4 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED