

L04000076468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

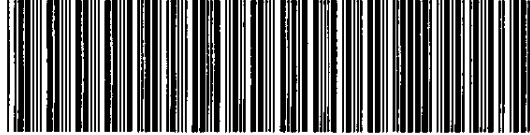
(Document Number)

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*Sign*

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2016 JAN -8 PM 1:47  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N. C. GUNTER

BankUnited  
7815 NW 148th Street  
Miami Lakes, FL 33016  
T 877 779 2265  
www.bankunited.com



12/22/2015

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

RE: Request for amendment for the articles of CNT Investments, LLC

To Whom It May Concern:

The current articles showing on SUNBIZ.org are illegible and per instruction from a representative at the Division of Corporations we had the client prepare & sign articles of amendment for CNT Investments, LLC

Name of business: CNT Investments, LLC

Document number: L04000076468

Date Filed: 10/21/2004

Enclosed is a cashier's check for \$55.00 payable to The Dept. of State for the amendment filing fee and Certified Copy. Please send the certified copy of the amended articles to the address below.

Thank you,

  
Peggy Lichty

Assistant Branch Manager  
BankUnited, NA  
900 SE 3<sup>rd</sup> Ave Ste 100  
Ft. Lauderdale, FL 33316  
954-712-2859

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CNT INVESTMENTS, L.L.C.

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

HEICO M. THORN

Name of Person

CNT INVESTMENTS, L.L.C.

Firm/Company

3074 PERRIWINKLE CIRCLE

Address

DAVIE, FL 33328

City/State and Zip Code

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

For further information concerning this matter, please call:

HEICO M. THORN

Name of Person

at ( 954 )

Area Code

581-6620

Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2015

CNT INVESTMENTS, L.L.C.  
HEICO M. THORN  
3074 PERRIWINKLE CIR.  
DAVIE, FL 33328

SUBJECT: CNT INVESTMENTS, L.L.C.  
Ref. Number: L04000076468

We have received your document for CNT INVESTMENTS, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 115A00027120

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2016 JAN -8 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CNT INVESTMENTS, L.L.C.

(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 10/21/2004 and assigned  
Florida document number L04000076468

This amendment is submitted to amend the following:

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

CNT INVESTMENTS, L.L.C. (NAME STAYS THE SAME)

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

Enter new principal offices address, if applicable:

3074 PERRIWINKLE CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

DAVIE, FL 33328

(Address same as previously 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:

HEICO M. THORN

New Registered Office Address:

3074 PERRIWINKLE CIRCLE

Enter Florida street address:

DAVIE

Florida

33328

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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HEICO M. THORN	3074 PERRIWINKLE CIRCLE	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JAN -8 PM 1:47

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated January 8<sup>th</sup> 2016

Heico Thorn  
Signature of a member or authorized representative of a member

Heico Thorn  
Typed or printed name of signer