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J. BRYAN  
DEC -5 2008  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHF ACQUISITIONS 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:

Steven L. Jones, Esq.  
(Name of Person)

Larson and Jones  
(Firm/Company)

9999 NE 2nd Avenue, Suite 216  
(Address)

Miami Shores, FL 33138  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven L. Jones at ( 305 ) 751-1851  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

CHF ACQUISITIONS 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 March 31, 2005 and assigned  
Florida document number L05000031738

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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: 2955 SW 78th Avenue  
(Principal office address MUST BE A STREET ADDRESS) Miami, FL 33155

Enter new mailing address, if applicable: 2955 SW 78th Avenue  
(Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33155

**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: Steven L. Jones, Esq.

New Registered Office Address: 9999 NE 2nd Avenue, Suite 216  
(Enter Florida street address)

Miami Shores, Florida 33138  
(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	CRESPO, RODOVALDO H	1000 Sawgrass Corporate Parkway, Suite 552 Fort Lauderdale, FL 33323	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SMITH, BRIAN R	2955 SW 78th Avenue Miami, FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CRESPO-SMITH, CRISTINA	2955 SW 78th Avenue Miami, FL 33155	<input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

Rodavaldo Crespo

Signature of a member or authorized representative of a member

RODOVALDO H. CRESPO

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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