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EXAMINER



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COVER LETTER

TO: Registration Division of C	Section orporations				
SUBJECT:	CAPITAL FINANCI	AL PARTNERS USA,	LLC		
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corres	pondence concerning this matter	r to the following:			
		WAYNE MOTTLEY			
		Name of Person			
	CAPITAL FINANCIAL PARTNERS USA, LLC Firm/Company				
	514	4 VISTAMERE COURT			
		Address	<u>.</u>		
	ORL	ANDO, FLORIDA 32819			
	.	City/State and Zip Code			
	WAYNE.MOT	TLEY@CFPWORLDWID to be used for future annual report not	E.COM		
For further information	concerning this matter, please of		nication)		
WA	YNE MOTTLEY	at (407)	234-8871		
	e of Person		me 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 enclose	\$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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear	s on our records.			
The Articles of Organization for this Limited Liability Company Florida document numberL0500050914			ar	nd assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation	"LLC" o	r the a	bbreviatio
Enter new principal offices address, if applicable:	5144 VISTAN	IERE COURT	7		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, F	LORIDA 32819) 	2 AUG	1 }
Enter new mailing address, if applicable:	5144 VISTAM	ERE COURT	SSEE.	-8 PX	, sparent
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, F	LORIDA 32819		1:26	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	ur records, <u>enter</u> er Florida street a		me o	f the nev
		, Florida _		- ·	
	Citv		Zin	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.

MGR = Manager

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>		Address		Type of Action
					Add Remove
<u> </u>					Add Remove
					Add Remove
		_			Add Remove
<u> </u>					Add Remove
					Add Remove
D. If amend	ing any other infor	mation, enter chang	e(s) here: (Attach additional	sheets, if necessary.)	_
_		·			_ _
_					_
Dated	June 8th	Might	// <u>/</u> .		
		/ / /	or authorized representative of Wayne Mottley or printed name of signee	a member	

Page 2 of 2

Filing Fee: \$25.00