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EXAMINER



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPITAL FINANCIAL PARTNERS USA, 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:

WAYNE MOTTLEY

Name of Person

CAPITAL FINANCIAL PARTNERS USA, LLC

Firm/Company

5144 VISTAMERE COURT

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

WAYNE.MOTTLEY@CFPWORLDWIDE.COM

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

For further information concerning this matter, please call:

WAYNE MOTTLEY

Name of Person

at (407)

234-8871

Area Code & 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

CAPITAL FINANCIAL PARTNERS USA, LLC

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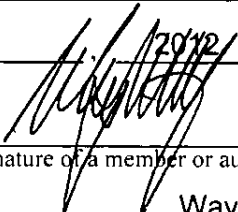
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated June 8th



Signature of a member or authorized representative of a member

Wayne Mottley

Typed or printed name of signee