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(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:
MUNICIPISCIAND GAVE AUTHORIZATION BY PHONE TO
CORRECT NEW NAME DATE 9/20/07
DOG. EXAM USE 1865



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COVER LETTER

Division of Corporations
SUBJECT: Cantolwide Financial Services, 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:
MABIO Prisciandary (Name of Person)
COUNTYWINE FINANCIAL Services, LLC. (Firm/Company)
CO26 CELLAT FOICS+ CIR. (Address)
Orlando FC 32828 (City/State and Zip Code)
For further information concerning this matter, please call:
MARIO Prisciana ARO at (407) 382-3554 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$ □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: , Registration Section

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

(A Florida Limited Liability Company)											
FIRST:	The Articles of Or document number	ganization wer	e filed on 10	Mempa	or 14 2	-	and assigne	:d			
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SECOND:	This amendment is				*	-					
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		_ <u> </u>	MANO Pri	nted name	AARW of signee			<u> </u>	<u> </u>		

Filing Fee: \$25.00