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**EXAMINER** 

# **COVER LETTER**

Division of Corporations
SUBJECT: CAPITAL Afficience Investment Modword, Cic. (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:
Heur Afevande (Name of Person)
(Firm/Company)
Leos Bota Colony de Seite 321  Bota Rafon A 33433  (City/State and Zip Code)
For further information concerning this matter, please call:  ### ### ###########################
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  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

CAD the Affice Investment Metwork. LC  (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 7/25/08 and assigned Florida document number 4.0800007/950
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 "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Suite 391  3000 R9-fon F1, 33433
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Suite 321  32 C9 RSton 41, 33433
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:  New Registered Office Address:  LODS BOCA COLONY DO SUIFE 32  (Enter Florida street address)  BOCA Ref-On , Florida 23433
(City) $\overline{\text{(Zip Code)}}$

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 affaress, 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 **Title** Name **Address Type of Action** MGRM Heur Alexandre Remove ☐ Add Remove Remove ☐ Remove ☐ Add Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member xan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00