## L09000104246

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
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C. GOLDEN APR 17 2019

## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC		ERTIES, LLC			
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		David Mains, Paralegal			
			Name of Person		
		KARLSON LAW GROUP	P. P.A.		
		Firm/Company			
301 Dal Hall Blvd.					
			Address		
		Lake Placid, FL 33852			
			City/State and Zip Code		
		info@karlsonlaw.com	to be used for future annual report notif	Tunding V	
For furthe	r information c	oncerning this matter, please of	•	ication)	
David Ma	iins, Paralegal		863 465-5033		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25,0	0 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:

TO:

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



2019 APR 11 PM 6: 34

CFI PROPERTIES, LLC

(Name of the Limited (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liab		and assigned
Florida document number 1.09000104246		
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or registered agent and/or the new registered office		ls, enter the name of the r
·	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, F	lorida
	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 605. 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DARRIN M. MILLS	6303 White Cedar Rd. Sebring, FL 33875	■ Add
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Effective date	e, if other than the date of e is listed, the date must be specif	filing:		(optional)	
Fan effective da <mark>Note:</mark> If the da	e is listed, the date must be specifule inserted in this block does	fic and cannot be prior i not meet the applic	to date of filing or more able statutory filing re	than 90 days after filing.) Pur- equirements, this date will	suant to 605,02 not be listed a
document's eff	ective date on the Departmen	nt of State's records			
ne record so	ecifies a delayed effecti	ive date but no	at an effective tim	a at 12:01 a.m. on t	ha aarliar
	lay after the record is fi		c an enective (iii)	e, at 12.01 a.m. on t	ile earlier
	10-1	a 2010			
Dated	<u> </u>	7. 2019	· ·		
		1 /			

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Typed or printed name of signee

Filing Fee: \$25.00