

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miami CFS, LLC

DOCUMENT NUMBER: L10000062777

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Armstrong
(Name of Contact Person)

Armstrong & Mejer P.A.
(Firm/ Company)

2222 Ponce de Leon Blvd Penthouse Suite
(Address)

Coral Gables, FL 33134
(City/ State and Zip Code)

tarmstrong@armstrongmejer.com
E-mail address: (to be used for future annual report notification)

FILED
10 OCT 21 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Timothy Armstrong at (305) 479-7915
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
MGR	Mark J. Baker	2299 Port Blvd. Port of Miami FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated _____


Signature of a member or authorized representative of a member

Christopher C. Arocha

Typed or printed name of signee

10 OCT 27 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED