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ZBII JUL II AM 9: 18
SEGRETARY OF STATE

J. SAULSBERRY EXAMINER JUL 13 2011

COVER LETTER

Division of Co	orporations				
SUBJECT:CF	T PARTNERS	5 LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	r to the following:			
	- Cyn Yh.	Name of Person RTNERS LLC Firm/Company			
	CET PA	RTNERS LLC	·		
		Firm/Company		7AI SI	
	888 F	INE TREE CH.		E GRE	77
		Address	<u> </u>	L I	[
	DELAN	11 FL 32724	!	7.0F	
	wchandler	Address Add	Com	2011 JUL 11 AM 9: 18 SEGRETARY OF STATE TALLAHASSEE, FLORIDA	
For further information	concerning this matter, please			•	
	-	at (386) 804-12 Area Code & Daytime	068 Felephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &)

MAILING ADDRESS:

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

CFT PARTN	ERS LLC			
(Name of the Limited Li (A F	ability Company as it now a orida Limited Liability Comp	ppears on our records.) any)	 	
The Articles of Organization for this Limited Liab Florida document number		6/30/10	and assigned	
This amendment is submitted to amend the follows	ng:			
A. If amending name, enter the new name of the	e limited liability compan	y here:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability C	Company," the designation "L	C" or the abbreviation	
Enter new principal offices address, if applicable	e:		留	
(Principal office address MUST BE A STREET A	(DDRESS)		SSR =	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)		AM 9: 18 OF STATE E.FLORID	
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter th	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_		, Florida		
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Name **Address** Type of Action writing C. Chandler MERM Add Remove ☐ Add ☐ Remove ☐ Remove ∏ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7-5-11 Dated

Page 2 of 2

Filing Fee: \$25.00

CFT Partners, LLC

To:

Whom It May Concern:

Date:	July 5, 2011				
RE:	Addition of Managing Member/Owner	r			
Florida	ive July 1, 2011, William Chandler is awa a Limited Liability Company. The additio a State Division of Corporations.	•	-		
•	Mua K Chim (bu Dated:, ia K. Chandler ging Member	07/06/2011	SEGRETARY OF STALLAHASSEE.FI	2011 JUL 11 AM	TI
Notary	y State of Florida, County of Volusia		LORIO	9: 18	*******
	to and subscribed before me thiso nally knownor produced identifica		nandlei	·, —	
Notary	y Signature Huck	My commission expires <u>April</u>	1),	<u> </u>	Ч
		V. J. TUCKER Commission # DD 966100 Expires April 12, 2014 Bonded Thru Troy Fain Insurance 200-385-7019			

888 Pine Tree Court, Deland, FL 32724 Phone: 855-932-3784 CGC060389 HI1025