

L110000089251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 8 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIFRA USA CONSULTING GROUP 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:

ANAXIMANDRO CALVALCANTE

Name of Person

A&F FINANCIAL LLC

Firm/Company

4991 NW 54TH ST

Address

COCONUT CREEK FL

City/State and Zip Code

AF-FINANCIAL@AF-FINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANAXIMANDRO CALVALCANTE

Name of Person

at (954)

464 8298

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$25.00 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:

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**

SIFRA USA CONSULTING GROUP LLC

(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 08/03/2011 and assigned
Florida document number L11000089251.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 4510 NW 12TH DRIVE
(Principal office address MUST BE A STREET ADDRESS) POMPANO BEACH FL 33064

Enter new mailing address, if applicable: 4510 NW 12TH DRIVE
(Mailing address MAY BE A POST OFFICE BOX) POMPANO BEACH FL 33064

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: _____
Enter Florida street address _____, Florida _____
City _____ Zip Code _____

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TALLAHASSEE, FLORIDA

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS R COSTA	4510 NW 12TH DRIVE POMPANO BEACH FL 33064	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> 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

FREDERICO CHARLES C DA LUZ

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP - 6 AM 10:26

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2011

ANAXIMANDRO CALVALCANTE
A&F FINANCIAL LLC
4991 NW 54TH STREET
COCONUT CREEK, FL

SUBJECT: SIFRA USA CONSULTING GROUP LLC
Ref. Number: L11000089251

We have received your document for SIFRA USA CONSULTING GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 211A00020647