

**L12000039244**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

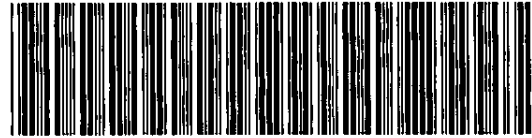
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AND  
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13 DEC 18 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
DEC 19 2013  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CFREAL ESTATE SERVICES, 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:

**Cindy V Acosta**

Name of Person

**CF REAL ESTATE SERVICES, LLC.**

Firm/Company

**1364 Shelter Rock Rd**

Address

**Orlando, FL 32835**

City/State and Zip Code

**vhanex@gmail.com**

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

For further information concerning this matter, please call:

**Cindy V. Acosta**

Name of Person

**407 283-5111**

at ( )

Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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	Eduardo Acosta	3034 Seaview Castle Dr	<input type="checkbox"/> Add
		Kissimmee, Fl 32746	<input checked="" type="checkbox"/> Remove
MGR	Oneida Acosta	3034 Seaview Castle Dr	<input type="checkbox"/> Add
		Kissimmee, Fl 32746	<input checked="" type="checkbox"/> Remove
MGR	Eduardo Pompeyo Acosta Briceño	1364 Shelter Rock Rd.	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32835	<input type="checkbox"/> Remove
MGR	Oneida Teresa Flores Flores	1364 Shelter Rock Rd.	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated December 16<sup>th</sup>, 2013 (EFFECTIVE DATE)

Cindy Vanessa Agostin Flores

Signature of a member or authorized representative of a member

Cindy Vanessa Agostin Flores

Typed or printed name of signee

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Filing Fee: \$25.00