L12000039244

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasiness Entry Name)				
(Document Number)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

13 DEC 18 AH 10: 49

APPROVEO AND FILED

C. LEWIS

DEC 1 9 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

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, FI 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

*.,4*07、283-5111

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Q\$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

APPROYEU AND FILED 13 DEC 18 AM 10: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CF REAL ESTATE SERVICES, 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 Florida document number <u>L12000039244</u>	were filed on 03/20/2012 and assigned	æd
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbre	eviation
Enter new principal offices address, if applicable:	1364 Shelter Rock Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl 32835	
Enter new mailing address, if applicable:	1364 Shelter Rock Rd.	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl 32835	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	, 	ie 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 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>	Address	Type of Action
MGR	Eduardo Acosta	3034 Seaview Castle Dr	Add
		Kissimmee, FI 32746	Remove
MGR	Oneida Acosta	3034 Seaview Castle Dr	Add
		Kissimmee, FI 32746	Remove
MGR	Eduardo Pompeyo Acosta Briceño	1364 Shelter Rock Rd.	— ✓ Add
		Orlando, Fl 32835	_ Remove
MGR	Oneida Teresa Flores Flores	1364 Shelter Rock Rd.	Add
		Orlando, Fl 32835	_ Remove
			Add
			Remove
			- Add
			Remove
			-

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If amending any other information, enter change(s) here: (Attach additional sh	heets, if necessary) AM 10: 4
	SECRETARY UF STAT TALLAHASSEE, FLORI
ed December 16th, 2013. (EFFECTIVE	DATE)
Signature of a member or authorized representative of a	
Cindy Vanesse, According Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00