

L13000003488

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ASLAN TAX SERVICES INC
Account Number : 120140000082
Phone : (305) 644-9144
Fax Number : (786) 477-5802

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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: venataa@gmail.me

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAFS INVEST LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAFS INVEST 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:

IRMA SERNA

Name of Person

ASLAN TAX SERVICES INC

Firm/Company

762 SW 18TH AVE

Address

MIAMI, FL 33135

City/State and Zip Code

IRMA@ASLANTAXSERVICE.COM

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

For further information concerning this matter, please call:

IRMA SERNA

305

644-9144

at ()

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

☐ \$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**

FILED
2016 DEC -1 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAFS INVEST 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 01/08/2013 and assigned Florida document number L13000003488.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Cesar Augusto F Dos Santos	11960 YELLOW FIN TRAILL	<input type="checkbox"/> Add
		ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Ana Carolina M Dos Santos	11960 YELLOW FIN TRAILL	<input type="checkbox"/> Add
		ORLANDO, FL32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Gabriel Filipe M Dos Santos	11960 YELLOW FIN TRAIL	<input type="checkbox"/> Add
		ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Renata Zani Santoro	6400 HURON TERR	<input checked="" type="checkbox"/> Add
		DAVIE, FL 333331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

(Handwritten scribble across the first few lines)

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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02(7) (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated 12/01, 2016

(Handwritten signature: Flavia Chicca M Dos Santos)

Signature of a member or authorized representative of a member

Flavia Chicca M Dos Santos

Typed or printed name of signee