

L14 000014720

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

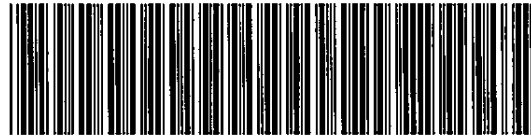
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

APR 16 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

CAFPI USA PROPERTY MANAGEMENT LLC

SUBJECT: \_\_\_\_\_  
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:

CORALIE TEICHMAN

\_\_\_\_\_  
Name of Person

CAFPI USA LLC

\_\_\_\_\_  
Firm/Company

2858 N UNIVERSITY DR

\_\_\_\_\_  
Address

CORAL SPRINGS, FL 33065

\_\_\_\_\_  
City/State and Zip Code

MANAGEMENT@CAFPIUSA.COM

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

For further information concerning this matter, please call:

CORALIE TEICHMAN

954

3401113 X 305

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

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**CAFPI USA PROPERTY MANAGEMENT LLC**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>          | <u>Type of Action</u>                   |
|--------------|--------------------|-------------------------|---|
| MGR          | LAURENCE ASSOULINE | 2858 N UNIVERSITY DR    | <input checked="" type="checkbox"/> Add |
|              |                    | CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Remove         |
| MGR          | ELIE ASSOULINE     | 2858 N UNIVERSITY DR    | <input checked="" type="checkbox"/> Add |
|              |                    | CORAL SPRINGS, FL 33065 | <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         |

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

PLEASE UPDATE ADDRESS FOR MGR LOU ASSOULINE TO:

2858 N UNIVERSITY DR, CORAL SPRINGS, FL 33065

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 10, 2014



Signature of a member or authorized representative of a member

LAURENCE ASSOULINE, FOR LOU ASSOULINE, MEMBER

Typed or printed name of signee

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