V14000014720

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
4		

Office Use Only



800258821948

04/14/14--01024--012 **25.00

APR 1 6 2014 T CLINE

COVER LETTER

TO: Registration S Division of Co					
	USA PROPERTY MANA	GEMENT LLC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CORALIE TEICHMA	N .			
		Name of Person			
	CAFPI USA LLC				
		Firm/Company			
	2858 N UNIVERSIT	Y DR			
		Address			
	CORAL SPRINGS, I	FL 33065			
	MANAGEMENT@CA	City/State and Zip Code AFPIUSA.COM		2014 ÆPR 14 SECRETARY TALLAHASSE	*
	E-mail address: (t	to be used for future annual report notific	ation)	金質 第	estativas,
For further information	concerning this matter, please ca	all:			7
CORALIE TEICH	MAN	954 3401113 X	305	2.5 € 5.0 2.6 € 5.0 3.6 € 5.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3	ا (د) ارس ا
Name	of Person	Area Code Daytime T	elephone Number	15.4 15.4	• •
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)	Certified	e of Status &	

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

CAFPI USA PROPERTY MANAGEMENT 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 and assigned Florida document number L14000014720 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: (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LAURENCE ASSOULINE	2858 N UNIVERSITY DR	■ Add
		CORAL SPRINGS, FL 33065	Remove
MGR	ELIE ASSOULINE	2858 N UNIVERSITY DR	■ Add
		CORAL SPRINGS, FL 33065	□ Remove
		-	DAdd
			□-Remove
			- 192 A
			Remove
			Add
			□ Remove
			U Add

0050 11 11 11 15 15 15 15 15 15 15 15 15 15		
2858 N UNIVERSITY	DR, CORAL SPRINGS, FL 3306	
ective date, if other than the	date of filing:	(optional)
ective date, if other than the effective date must be specific, can date this document is filed by the Fl	e date of filing: not be prior to date of receipt or filed date and cann lorida Department of State)	(optional) ot be more than 90 days after
date this document is filed by the FI APRIL 10	e date of filing: not be prior to date of receipt or filed date and cann lorida Department of State) 2014	(optional) ot be more than 90 days after
date this document is filed by the FI APRIL 10	lorida Department of State)	(optional) ot be more than 90 days after
date this document is filed by the Fi APRIL 10 and	lorida Department of State) 2014	
date this document is filed by the Fi APRIL 10 ed	lorida Department of State) 2014	
APRIL 10	lorida Department of State)	ive of a member
APRIL 10	lorida Department of State) 2014 Signature of a member or authorized representate	ive of a member MEMBER
APRIL 10	2014 2014 Signature of a member or authorized representate OULINE, FOR LOU ASSOULINE,	ive of a member MEMBER

Page 3 of 3

Filing Fee: \$25.00