

**L14000014720**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

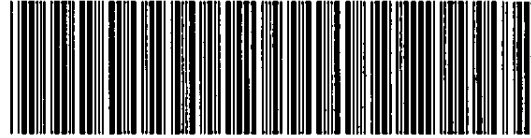
(Business Entity Name)

(Document Number)

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

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Office Use Only



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02/25/16--01009--026 \*\*25.00

**FILED**  
2016 MAR 10 P 6:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 11 2016

J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 29, 2016

LAURENCE ASSOULINE  
2858 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065

SUBJECT: CAFPI USA PROPERTY MANAGEMENT LLC  
Ref. Number: L14000014720

We have received your document for CAFPI USA PROPERTY MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L16000034452.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 616A00004-25

2016 MAR 1 P 6:09  
SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**CAFPI USA PROPERTY MANAGEMENT, LLC**  
Real Estate Investments

2858 N University Dr, Coral Springs, FL 33065 | t (954) 340-1113 | f (954) 340-8883 | cafpiusa.com

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

March 11, 2016

ATTN: Deborah Bruce, Regulatory Specialist II

BY EMAIL TO [deborah.bruce@dos.myflorida.com](mailto:deborah.bruce@dos.myflorida.com)

Re: CAFPI USA PROPERTY MANAGEMENT LLC  
Document # L14000014720

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2016 MAR 10 P 6:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

Please accept this letter as confirmation that we are the sole owners of both of the following limited liability companies:

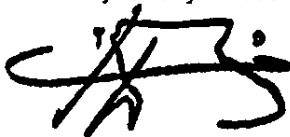
- CAFPI USA PROPERTY MANAGEMENT LLC with document # L14000014720 currently active,
- CAFPI CLEMENTINE LLC with document # L16000034452, currently inactive.

The creation of CAFPI CLEMENTINE LLC, filed on 02/18/2016 with an effective date of 03/01/2016, and assigned document # L16000034452 was a clerical error. Our intent was in fact to change the name of CAFPI USA PROPERTY MANAGEMENT LLC to CAFPI CLEMENTINE LLC effective 03/01/2016. When we realized our error, we filed for a voluntary dissolution of the new LLC of 02/22/2016, with an effective date of 03/01/2016.


We have no intention of reactivating the company assigned document # L#16000034452 and are hereby giving our consent for the name of CAFPI USA PROPERTY MANAGEMENT LLC to be changed to CAFPI CLEMENTINE LLC.

Please feel free to contact the undersigned concerning this letter of consent.

Thank you for your assistance in resolving our erroneous filing.



ELIE ASSOULINE, OWNER/MANAGER



LAURENCE ASSOULINE, OWNER/MANAGER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CAFPI USA PROPERTY MANAGEMENT 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:

LAURENCE ASSOULINE

Name of Person

CAFPI USA PROPERTY MANAGEMENT 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)

2016 MAR 10 P 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LAURENCE ASSOULINE

954 3401113

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

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 01/28/2014 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:**

CAFPI CLEMENTINE LLC

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)

2858 N UNIVERSITY DR

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2858 N UNIVERSITY DR

CORAL SPRINGS, FL 33065

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TALLAHASSEE, FLORIDA

2016 MAR 10 P 6 09

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**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:

LAURENCE ASSOULINE

New Registered Office Address:

2858 N UNIVERSITY DR

*Enter Florida street address*

CORAL SPRINGS

Florida 33065

*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 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.*

LAURENCE ASSOULINE

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MNBR	LOU CORDA	2858 N UNIVERSITY DR	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
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2016 MAR 10 P 6:09  
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TALLAHASSEE, FLORIDA

(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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or an authorized representative of a member

Typed or printed name of signee