L140000 43838

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500287512665

07/06/16--01027--012 **25.00

2016 JUL -6 AMII: 29

K. SALY EXAMINER

1111 -8 -

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Community Funding Portners (CC) 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:
Steve Rios Name of Person
Community Finding Partners Pirm/Company
6545 Sw. 55 Terrace Address
Sonnise, FL 33B5 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Rios at (305) 924. 5881 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

[Nork Molsons]

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

ZO16 JUL -6 AM 11: 29

TALLAHASSEE. FLORIDA

(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 $\frac{3}{17/2014}$ and assigned Florida document number $\frac{1}{400043838}$.

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 ADDRES	<u> </u>
Enter new mailing address, if applicable:	6545 SW. SS Terr
(Mailing address MAY BE A POST OFFICE BOX)	6545 SW. 55 Terr Miami, FL 33155
	' .
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new here:
Name of New Registered Agent:	Steve J. Rios
New Registered Office Address: 65	Enter Florida street address
<u></u>	Onrise , Florida 33155

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

	Authorized Person(s) authorized to manarom our records:	age, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager ' thorized Member	FILED	
<u>Title</u>	Name	Address SECRETARY OF IALLAND TARK OF THE PART OF THE	Type of Action
<u>(/})</u>	Nohemi Sadule-A	Address Address AMII: 23 ALLAHASSEF FLORIDA	□ Add
Vice P	resident		🗆 Remove
10		6545 5W 55 Terrare m: am., FC 33155	& Change
(Pres)	SteveT.Rios, EdD lent)	□ Add
Presid	lent		☐ Remove
		6545 SW 55 Terr Miomi, FL 33155	Change
		Miomi, FC 33155	🗆 Add
			Remove
			_ Change
			Add
			□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_ Change
	·		_□ Add
			_□ Remove
			_□ Change

D. If amending a	nny other information, ente	er change(s) here: (A	ttach additional sheets, if i	necessary.)	
_\(\ilde{\chi}\)	Nohemi sted a p e presid	Sadule-) resident dent.	Rios, cur	rently	
	Steve -	J. Rios,	cuill be	tly listed prosider	rt.
				2016 JUL -6	コニー
				er single	
(If an effective date Note: If the date	, if other than the date of fi e is listed, the date must be specific te inserted in this block does no ective date on the Department of	c and cannot be prior to date not meet the applicable st	of filing or more than 90 days a	ptional) After filing.) Pursuant to 605.0207 After this date will not be listed as	7 (3)(b) the
	ecifies a delayed effectiv ay after the record is file		effective time, at 12:0	1 a.m. on the earlier o	f:
Dated	Une 30 Signature o	, 2016.	representative of a member		
	5teve	Typed or printed name	S e of signee		

Page 3 of 3

Filing Fee: \$25.00