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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 29 2015  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CENFLO HOLDINGS GROUP, 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:

ISABELLE TRAN

Name of Person

CENFLO HOLDINGS GROUP, LLC

Firm/Company

1800 33RD STREET, SUITE 100

Address

ORLANDO, FL 32839

City/State and Zip Code

ISABELLE.TRAN@ROCKETMAIL.COM

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

For further information concerning this matter, please call:

ISABELLE TRAN

407

456-4790

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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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CENFLO HOLDINGS GROUP, 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 SEPTEMBER 22, 2015 and assigned Florida document number L15000161084.

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)**

1800 33RD STREET

SUITE 100

ORLANDO, FL 32839

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1800 33RD STREET

SUITE 100

ORLANDO, FL 32839

**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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

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>
MGR	ISABELLE TRAN	1800 33RD STREET	<input type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change
MGR	TERESA R. MANLAPAZ	1800 33RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input type="checkbox"/> Change
AMBR	MARIA A. RAZON	1800 33RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input type="checkbox"/> Change
AMBR	HARVEY F. VELASQUEZ	1800 33RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input type="checkbox"/> Change
AMBR	MA TERESITA G. DE JESUS	1800 33RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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>
AMBR	EDALDONE MANLAPAZ	1800 33RD STREET	<input type="checkbox"/> Add
		SUITE 100	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32839	<input type="checkbox"/> Change
AMBR	MARY JANE H. CATA CUTAN	1800 33RD STREET	<input type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change
AMBR	REDENTOR R. MADRIDEO	1800 33RD STREET	<input type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change
AMBR	MARK SAPIO DOCUMENTO	1800 33RD STREET	<input type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change
AMBR	MARCO A. ALCAZAR	1800 33RD STREET	<input type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input checked="" 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.)*

SEE ADDITIONAL SHEETS

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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 605.0207 (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 OCTOBER 14 2015

Isahia

Signature of a member or authorized representative of a member

ISABELLE TRAN

Typed or printed name of signee