# 1600346

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SECRETARY OF STATE
TALLAHASSEE, FLUI DA

MAR 0 9 2016 S. YOUNG

### **COVER LETTER**

	Registra Division					
CIID IE	CAF					
SUBJEC	-1;		Name of Limited Liability Company			
The encl	osed Arti	cles of A	mendment and fee(s) are sub	mitted for filing.		ing Fee, le of Status & Copy
			dence concerning this matter	_		
						A
				Name of Person	ـــ بې	デ ジャ ラ
			CAFPI TRUST DEVELO	PMENT LLC	÷	ro 🤼
		Firm/Company		ဘ က		
2858 N UNIVERSITY DR		<b>t</b>		- <del> </del>		
				Address		7.6 たい
			CORAL SPRINGS, FL 33	065		
			MANAGEMENT@CAFPI	City/State and Zip Code USA.COM	<del> </del>	
			E-mail address: (	to be used for future annual report notif	lication)	
For furth	er inform	ation cor	ncerning this matter, please co	all:		
LAURE	NCE ASS	OULIN	E	954 3401113		
Name of Person		Area Code Daytime	Telephone Number			
Enclosed	ís a chec	k for the	following amount:			
<b>■ \$2</b> 5.0	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)	
	] ]	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 ice, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Central Tallahassee, FL 32	n ations nter Círcle	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CAFPI TRUST DEVELOPMENT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_L16000034461 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 "LLC." 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.

If Changing Registered Agent, Signature of New Registered Agent

, 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>	Type of Action
MGR	LAURENCE ASSOULINE	2858 N UNIVERSITY DR	
		CORAL SPRINGS, FL 33065	Remove
			☐ Change
MGR EI	ELIE ASSOULINE	2858 N UNIVERSITY DR	
		CORAL SPRINGS, FL 33065	■ Remove
			Change
MGR	TOM ASSOULINE	2858 N UNIVERSITY DR	☆ Add 무
		CORAL SPRINGS, FL 33065	F. □ Remove ω
			☐ Change
MGR	LOU CORDA	2858 N UNIVERSITY DR	Add
		CORAL SPRINGS, FL 33065	☐ Remove
			☐ Change
			Remove
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e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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	March 3, 2016
Ine Dated	March 3, 2016

Page 3 of 3

Filing Fee: \$25.00