## L160000 41050

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		:

Office Use Only



500283256245

03/21/16--01006--005 \*\*30.00

16 APR -5 PH 1:01

J. HARRIS

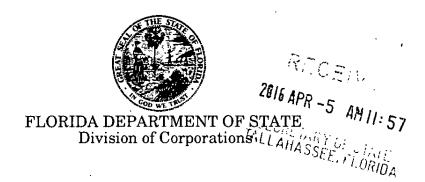
## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUD IE		LAND, LLC		
SUBJE	.C1:	Name of Limi	ted Liability Company	<del></del>
		Amendment and fee(s) are subr	-	
Please	return all correspon	dence concerning this matter t	to the following:	
		JHOANNY CARDENAS		
		***************************************	Name of Person	<del>- , , , , , , , , , , , , , , , , , , ,</del>
		KABA CONSULTING, IN	C.	
			Firm/Company	
		1655 EAST HWY 50 STE	203	
			Address	· · · · · · · · · · · · · · · · · · ·
		CLERMONT, FL 34711		
		<del></del>	City/State and Zip Code	<del></del>
		JHOANNY@KABACONS		
			o be used for future annual report notific	cation)
For fur	ther information co	ncerning this matter, please ca	ll:	
JHOA	NNY CARDENAS		352 243-8460 at () Area Code Daytime 7	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	e following amount:		
□ \$2:	5.00 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



March 23, 2016

JHOANNY CARDENAS KABA CONSULTING INC 1655 EAST HWY 50 STE 203 CLERMONT, FL 34711

SUBJECT: CFPS MAITLAND, LLC Ref. Number: L16000041050

We have received your document for CFPS MAITLAND, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

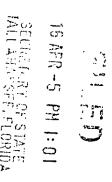
Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

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

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00006011



## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CFPS MAITLAND, LLC	
( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Company)	ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{1.16000041050}{1.16000041050}$ .	02/26/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
CFPS OF MAITLAND, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2-62 (0)
(Principal office address MUST BE A STREET ADDRESS)	F 70 70 11
Enter new mailing address, if applicable:	ng P i
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address 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

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 uccept 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			☐ Add
			□ Remove
			Change
			□ Add
			□.Remove
			Phanges - Phange
			☐ Remove
			□ Change
**************************************			
			Remove
			□ Change

		<del> </del>		
	· · · · · · · · · · · · · · · · · · ·	<del></del>		
				,
				,,
				-
	·			
Tective date, if other than the neffective date is listed, the date muste: If the date inserted in this becoment's effective date on the l	ust be specific and cannot bolock does not meet the	applicable statutory	g or more than 90 days af	otional) fter filing.) Pursuant to 605. his date will not be liste
record specifies a delaye he 90th day after the re	ed effective date, b cord is filed.	ut not an effect	ive time, at 12:01	La.m. on the earlie
MARCHAI	2016			
MARCH 11	, 2016	· · · · · · · · · · · · · · · · · · ·		
	$\Lambda_{i}:\mathcal{P}_{i}$	adda.	/	一流 去