

L16000145888

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

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DEC 01 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CIFRA MANAGEMENT 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:

THAMARA PEREZ

\_\_\_\_\_  
Name of Person

TABADESA ASSOCIATES

\_\_\_\_\_  
Firm/Company

419 W 49 ST, STE 111

\_\_\_\_\_  
Address

HIALEAH, FL 33012

\_\_\_\_\_  
City/State and Zip Code

TAMMYP@TABADESA.COM

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

For further information concerning this matter, please call:

THAMARA PEREZ

305  
at (\_\_\_\_\_) \_\_\_\_\_

558 - 0622

\_\_\_\_\_  
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

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

CIFRA MANAGEMENT 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 08/24/2016 and assigned  
Florida document number L16000145888.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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16 NOV 28 PM 4:09  
DIVISION OF CORPORATE SERVICES

**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:

THAMARA PEREZ

New Registered Office Address:

419 W 49TH ST, STE. 111

*Enter Florida street address*

HIALEAH

*City*

, Florida 33012

*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>
AR	LOURDES PADRON	9240 DICKENS AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAMIAN C FERNANDEZ	9111 EAST BAY HARBOR DR	<input type="checkbox"/> Add
		#2E	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33154	<input type="checkbox"/> Change
D	ROMINA BALDONI	9111 EAST BAY HARBOR DR	<input type="checkbox"/> Add
		#2E	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33154	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DIVISION OF REVENUE  
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16 NOV 29 PM 4:02  
DIVISION OF SOCIAL SERVICES

16 NOV 29 PM 4:09  
DIA/CS OH OF SOUTH OF ATLANTA

1. NAME  
 2. ADDRESS  
 3. CITY  
 4. STATE


(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)

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 November 23, 2016

November 23, 2016

  
Signature of a member or authorized representative

THAMARA PEREZ

Signature of a member or authorized representative of a member

THAMARA PEREZ

Typed or printed name of signee