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COVER LETTER

TO:

	istration S sion of Co	ection rporations		
SUBJECT:	Centra	l Financial LLC		
		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Kimberlee .	J. De Biase, Esq.	
			Name of Person	 -
		Breger De I	Biase, PLLC	
			Firm/Company	
		200 S. Park	Road, Suite 160	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Hollywood.	FL 33021	
		*****	City/State and Zip Code	
		kim@bdbla	•	
ine forthor in 6			to be used for future annual report noti	fication)
or turner im	огнацов с	oncerning this matter, please c	all:	
Kimber	lee J. De	Biase, Esq.	at (561) 225 - 2676	Ś
	Name o	f Person		e Telephone Number
inclosed is a c	check for th	ne following amount:		
√ \$25.00 Fil	ling 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			<u>Street Address:</u> Registration Sec	ction
Division of Corporations			Division of Cor	
P.O. Box 6327			The Centre of T	allahassee
Tallahassee, FL 32314		1, 24214	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Financial LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/04/2018 The Articles of Organization for this Limited Liability Company were filed on __ and assigned Florida document number __1.18000003406 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." 200 S. Park Road Enter new principal offices address, if applicable: Suite 160 (Principal office address MUST BE A STREET ADDRESS) Hollywood, FL 33021 200 S. Park Road Enter new mailing address, if applicable: Suite 160 (Mailing address MAY BE A POST OFFICE BOX) Hollywood, FL 33021 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Hollywood

Cire

200 S. Park Road, Suite 160

Enter Florida street address

. Florida 33021 Zip Code 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>	Address	Type of Action
MGR	Richard P. Breger	3440 Hollywood Boulevard	🗆 🗆 Add
		Suite 415	<u>∰</u> Remove
		Hollywood, FL 33021	
MGR_	Richard P. Breger	200 S. Park Road	(N Add
		Suite 160	[]Remove
		Hollywood, FL 33021	JUZZ SEP 28 3PH 2:394 GECRETARYESF STATE TALENHASSEE, FL
			□Remove
			□ Change
			🗀 Add
			□Remove
			{\textsup} \textsup \text{Change}
			🖸 Add

Change

· · · · · · · · · · · · · · · · · · ·	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
Han effect Note: H	e date, if other than the date of filing:
e record s ord is filed	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 f.
Dated	
	Kimberlee De Biase
	Signature of a member or authorized representative of a member
	Kimberlee J. De Biase, Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00