

L18 000105054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

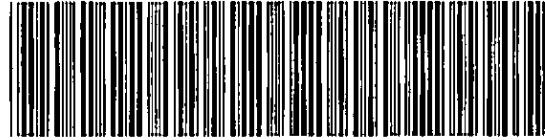
(Document Number)

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07/25/22--01041--011 *\$60.00

2022 JUL 25 PM 3:45

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CFS Downtown 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:

Paola A. Bornacelli

Name of Person

KLAV Enterprise Group, LLC

Firm/Company

54 W Church St. Ste 150.

Address

Orlando, FL 32801

City/State and Zip Code

paola@cfscoffee.com

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

For further information concerning this matter, please call:

Paola A. Bornacelli

Name of Person

at (407) 757 - 9510

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JUL 25 PM 3:45

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
<u>MGRM</u>	<u>Daza Baron, Maria Angelica</u>	<u>3163 Integra Lakes Lane, Apt 133,</u>	☐ Add
		<u>Casselberry, Fl. 32707</u>	☒ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
		<u></u>	☐ Change
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		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
		<u></u>	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

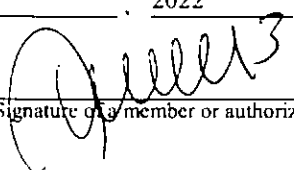
E. Effective date, if other than the date of filing: 07/13/2022 **(optional)**

(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 July 13, 2022



Signature of a member or authorized representative of a member

Paola A. Bornacelli

Typed or printed name of signee

Filing Fee: \$25.00