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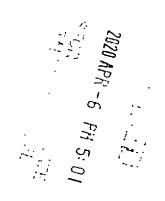
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## **COVER LETTER**

	egistration Se division of Cor			
SUBJECT	CFI Consul	tants LLC		
SOBJECT	Name of Limited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		Antonio C. Irizarry		
			Name of Person	
		CFI Consultants LLC  Firm/Company  200 SW First Ave, Suite 840		
	Address			
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	
		airizarry@cficonsultants.co	m to be used for future annual report no	titication)
For further	r information c	oncerning this matter, please c		
Antonio li	rizarry		888 970-2340	
	Name o	f Person	at ()	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	0 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)
	<u>Iniling Addres</u> Registration S		Street Address: Registration So	ection
	Division of C	Corporations	Division of Co	orporations
P.O. Box 6327		The Centre of	The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2020 APR = 6 PH 5: 01

CFI Consultants 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 Florida document number L18000133276	were filed on May 30, 2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	200 SW 1st Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Suite 840		
	Ft. Lauderdale, Florida 33301		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida _	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:

or removed	from our records.		0	·	
MGR = M $AMBR = A$	anager uthorized Member		2020 APR - 8	5 Pii 5: 01	
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## Page 2 of 3

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