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## **COVER LETTER**

TO:	Registration Se Division of Cor		-				
SURI	W7 (C104)	al Finance Group LLC					
5000		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub- indence concerning this matter	·				
	·	Carlos A. Diaz	v				
SUBJECT  The enclose Please return For further Michelle I			Name of Person				
		C D Capital Finance Gre	oup LLC				
		1241 NE 81 Terr	Firm/Company		<b>2</b> 4		
		Miami, FL 33133	Address		LAIASSE	AUG 27	
		dcarlos77@ymail.com	City/State and Zip Code			PH '4: 02	Ċ
F 6.	athor is formation of		to be used for future annual report not	ification)	IDA	02	
	elle Parlade Core	oncerning this matter, please co y Esq.	305 595-2300				
	Name o	f Person		ne Telephone Number			
Enclo	sed is a check for th	ne following amount:					
<b>■</b> \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &		

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

C D Capital Finance Group LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 20, 2018	and assigned
Florida document number L18000151247		
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	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		27 27
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		1
B. If amending the registered agent and/or registered of		enter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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>	Type of Action
MGR	Díaz, Diaz A, Sr		n ui
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(If an e <u>Note</u>	tive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	er of:
Dated	1 AUgust 23 . 2018	
	Signature of thember or authorized representative of a member	
	Carlos A Diaz Manager	

Page 3 of 3

Filing Fee: \$25.00

Rd