L19000044500

Office Use Only



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COVER LETTER

		ation Secti n of Corpo				
eud iez		ACEYTO	DD, LLC			
SUBJEC	.1:	Name of Limited Liability Company				
			mendment and fee(s) are sub	<u>-</u>		
Please ret	turn all	correspond	lence concerning this matter	to the following:		
			CATHY F. ROSENFELD			
				Name of Person		
			Firm/Company 10021 SW 125TH AVENUE			
			MIAMI, FL 33186	Address		
				City/State and Zip Code		
			E-mail address: (to be used for future annual report notific	cation)	
For furthe	er infor	nation con	cerning this matter, please ca	all:		
CATHY	F. ROS	SENFELD		305 321-7075		
		Name of Po	erson	at () Area Code Daytine	Telephone Number	
Enclosed	is a che	ck for the t	following amount:			
S \$25.0	00 Filing	ş 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:

, '1

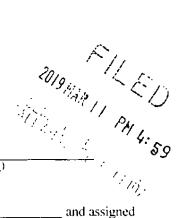
TO:

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



STACEYTODD, LLC

company has been notified in writing of this change.

(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 02/13/2019	and assigned
Florida document number L19000044500		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
CFR CATHY, LLC		
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paceing filed to merely reflect a change in the registered office of	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
		 	□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

ve date, if other than the date of filing:
. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
3.4.19
<u> </u>
it

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Typed or printed name of signee

Filing Fee: \$25.00