

K21 0000182798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

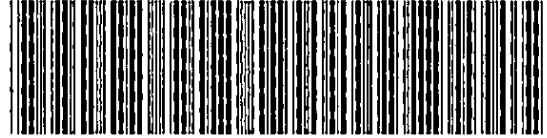
(Business Entity Name)

(Document Number)

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10/07/21--01017--017 **43.75

2021 NOV -9 PM 1:13

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Amend
Name chg

NOV 18 2021

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMPF GLOBAL INVESTMENT, 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:

CARLA MARIANI-CAFFERTA

Name of Person

CMPF GLOBAL INVESTMENT, LLC

Firm/Company

30 TAM O SHANTER LN

Address

BOCA RATON, FL 33431

City/State and Zip Code

carla_mariani@hotmail.com

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

For further information concerning this matter, please call:

CARLA MARIANI-CAFFERTA

561 287-0374
at ()

Name of Person

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



2021 OCT -9 PM 10:19

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2021

CARLA MARIANI-CAFFERTA
30 TAM O SHANTER LN
BOCA RATON, FL 33431

SUBJECT: CMPF GLOBAL INVESTMENT, LLC
Ref. Number: L21000182798

We have received your document for CMPF GLOBAL INVESTMENT, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000158666 - PF GLOBAL INVESTMENTS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 321A00025240

10/17/21 10:19 AM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CMPF GLOBAL INVESTMENT, LLC

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

2021 NOV -9 PM 1:13

The Articles of Organization for this Limited Liability Company were filed on 04/27/2021 and assigned
Florida document number L21000182798.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PFA GLOBAL INVESTMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

16901 COLLINS AVE, APT 4001

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES FL 33160

Enter new mailing address, if applicable:

16901 COLLINS AVE, APT 4001

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES FL 33160

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:

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 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>	<u>Type of Action</u>
AMBR	PEDRO FERNANDEZ ARBULU	16901 Collins Ave Apt 4001 Sunny Isles Beach FL	<input checked="" type="checkbox"/> Add
		FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLA MARIANI-CAFFERATA	30 Tam O Shanter Ln Boca Raton FL 33431	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

E. Effective date, if other than the date of filing: 11/05/2021 (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 NOVEMBER 05

2021

Signature of a member or authorized representative of a member

CARLA MARIANI-CAFFERATA

Typed or printed name of signee

Filing Fee: \$25.00