

h21 000 426 320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

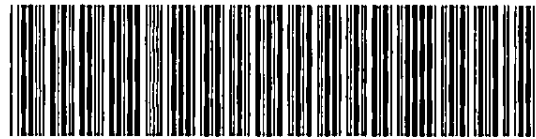
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REC  
2021 DEC 20 PM 2:56  
CLERK OF STATE  
SD

**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>                      |
|--------------|-------------------------|------------------------|--|
| MGR          | Anthony C. Romeo        | 866 S. Dixie Highway   | <input type="checkbox"/> Add               |
|              |                         | Coral Gables, FL 33146 | <input checked="" type="checkbox"/> Remove |
|              |                         |                        | <input type="checkbox"/> Change            |
| MGR          | CAHI Acquisition, I.L.C | 866 S. Dixie Highway   | <input checked="" type="checkbox"/> Add    |
|              |                         | Coral Gables, FL 33146 | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**