## L 22 000 522438

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## **COVER LETTER**

Division of Cor	porations  NANCIAL NETWORK, LLC	•		, <b>P</b>	•
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Osnel Cajuste				
		Name of Person			
	CALEB FINANCIAL NE	TWORK, LLC			
		Firm/Company			
	5073 Tamiami Trail East				
		Address			~,
	Naples Florida 34113				.91 [
		City/State and Zip Code			: <u>:</u>
	Ocajuste@myfarwest.com	to be used for future annual report notif	timetisms		`.=5
For further information c	oncerning this matter, please c	·	ications		
Osnel Cajuste		239 2723406 at ( )			12
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Fil Certificat Certified (additional)	e of Stat Copy	us &
Mailing Addres Registration S	Section	Street Address: Registration Sec			
Division of C	'ornoratione	Division of Cor	norations		

Division of Corporations

TO: Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALEB FINANCIAL NETWORK, LLC		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer florida document number L22000522438	re filed on 12/13/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		223
		<u> </u>
Enter new mailing address, if applicable:		
		• • •
Mailing address MAY BE A POST OFFICE BOX)		
		2
<ol><li>If amending the registered agent and/or registered office addingent and/or the new registered office address here:</li></ol>	ress on our records, enter the nam	e of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	-
New Registered Office Address:		
	Enter Florida street address	
	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
AMBR	JEAN-BAPTISTE, ELIE	1608 AFTON ST	
		PHILADELPHIA, PA 19111	≣Remove
			□ Change
AMBR	MICHEL, ISAAC	3849 SPLENDID OAKS CT	□Add
		ORANGE PARK, FL 32065	■Remove
		<del></del>	□Change
		·	🗆 Add
			□Remove
			☐ Change
			□Remove
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			🗆 Add
			□Remove
			□Change
		<del>.</del>	□Remove
			765

amending any other information, enter ch	ange(s) here: [	(Attach additior	nal sheets, if ne	cessary.)
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		<del></del> ,		
Tective date, if other than the date of filing in effective date is listed, the date must be specific and the state inserted in this block does not miscument's effective date on the Department of States.	eet the applicable	late of tiling or more e statutory filing	copt re than 90 days aft requirements, th	tional) er filing.) Pursuant to 605 nis date will not be liste
ecord specifies a delayed effective date, but not a is filed.	an effective time.	, at 12:01 a.m. or	n the earlier of: (	(b) The 90th day after
January 14th ted	2023			
	7			
//				
Signatury of a m	nember of authorize	ed representative o	of a member	

Filing Fee: \$25.00