

L 22 000 522438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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01/20/23--01010--015 \*\*25.00

2023 JAN 20 PM 4:12

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CALEB FINANCIAL NETWORK, 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:

Osnel Cajuste

Name of Person

CALEB FINANCIAL NETWORK, LLC

Firm/Company

5073 Tamiami Trail East

Address

Naples Florida 34113

City/State and Zip Code

Ocajuste@mylarwest.com

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

For further information concerning this matter, please call:

Osnel Cajuste

239

2723406

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

2009 JUN 20 11:12

**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	JEAN-BAPTISTE, ELIE	1608 AFTON ST	<input type="checkbox"/> Add
		PHILADELPHIA, PA 19111	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHEL, ISAAC	3849 SPLENDID OAKS CT	<input type="checkbox"/> Add
		ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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770 JUN 20 11 12

(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)

**Filing Fee: \$25.00**