## L 23000520451

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
10.	Ali akan	<del></del>
(DC	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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## COVER LETTER

TO: Registration Se Division of Cor		4				
		•		,		
CFA, LLC SUBJECT:	•					
	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
	KIMBERLY ROPER					
	· · · · · · · · · · · · · · · · · · ·	Name of Person	****			
	CHOICE FINANCIAL AE	OVISORS. LLC				
		Firm/Company				
	2627 MCCORMICK DR.	SUITE 101A				
	<del> </del>	Address				
	CLEARWATER, FL 3375	9				
	-	City/State and Zip Code				
	kim@choicefa.com					
	E-mail address: (	to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please ca	all:				
KIMBERLY ROPER		727 418-7213				
Name o	f Person	at () Area Code Daytime	: Telephone Number			
Enclosed is a check for the	he 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 Statu Certified Copy (additional copy is encl			
Mailing Addres		<u>Street Address:</u> Registration Sec	ation			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of T				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFA, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number L23000520451	were filed on 12/01/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
CHOICE FINANCIAL ADVISORS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" 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 office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	a
	City	Zin 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

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Note:	ive date, if other than the date of filing:
f the recor	d 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 led.
Dated	April 10 . 2024
	Signature of a member or authorized representative of a member
	KIMBERLY ROPER
	Typed or printed name of signee

Filing Fee: \$25.00

••	COVER LETTER					
	Section Corporations		∳ ·	<b>*</b> ₽	<b>.</b>	guest.
CFA, LI SUBJECT:	c "				••	ĺ
SUBJECT:	Name of L	imited Liability Com	pany			
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.				
	pondence concerning this matte					
	KIMBERLY ROPER					
		Name of Per	rson		<del></del>	
	CHOICE FINANCIAL A	DVISORS, LLC				
		Firm/Compa	any		<del></del>	
	2627 MCCORMICK DR	, SUITE 101A				
		Address				
	CLEARWATER, FL 337	59				
		City/State and Zi	p Code			
	kim@choicefa.com					
		(to be used for future	annual report notif	fication)	<del></del>	
For further information	concerning this matter, please of	call:				
KIMBERLY ROPER		727 at (	418-7213			
Name (	of Person	Area Coo	le Daytime	Telephone Nu	ımber	<del></del>
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Co (additional cop	ру	Cert Cert	ified Cop	Status &

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 Tallahanasa Et 22202



April 25, 2024

KIMBERLY ROPER CHOICE FINANCIAL ADVISORS LLC 2627 MCCORMICK DR STE 101A CLEARWATER, FL 33759 US

SUBJECT: CFA, LLC

Ref. Number: L23000520451

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P97000083894.

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  $(850)\ 245-6050$ .

Tyreek L Greene Regulatory Specialist II

Letter Number: 424A00009068

Der Der

May 6, 2024

Subject: Choice Financial Advisors, Inc. release

I, David Roper, release the entity Choice Financial Advisors, Inc. (document number P97000083894) with no intention of revoking the dissolution that was filed on March 31, 2024. I am releasing the name to Kimberly Roper of CFA, LLC (document number L23000520451). The name is available for immediate release.

Thank you,

David Roper- P97000083894

