

m21000003738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

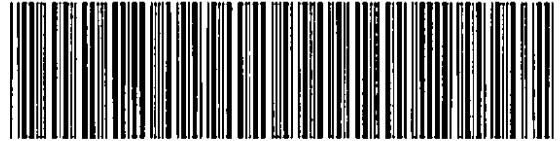
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 DEC -9 PM 4:21  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOW CFO FORT LAUDERDALE, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad Burgin

\_\_\_\_\_  
Name of Person

NOW CFO Miami, LLC

\_\_\_\_\_  
Firm/Company

210 N 2100 W

\_\_\_\_\_  
Address

Salt Lake City, UT

\_\_\_\_\_  
City/State and Zip Code

legal@nowcfo.com

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

For further information concerning this matter, please call:

Chad Burgin

\_\_\_\_\_  
Name of Person

at ( 385 )

377-4500

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NOW CFO FORT LAUDERDALE, LLC

Enter new principal office 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)

2022 DEC -9 PM 4:21  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
JACKSONVILLE, FL

FILED

2. The Florida document number of this limited liability company is: M21000003738

3. Jurisdiction of its organization: Utah

4. Date authorized to do business in Florida: 03/17/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: NOW CFO MIAMI, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

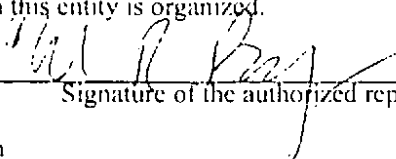
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Chad Burgin

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



Utah Department of Commerce  
Division of Corporations & Commercial Code  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

11/09/2022  
12180326-016011092022-2713225

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## CERTIFICATE OF EXISTENCE

Registration Number: 12180326-0160  
Business Name: NOW CFO MIAMI, LLC  
Registered Date: February 23, 2021  
Entity Type: LLC - Domestic  
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



Leigh Veillette  
Director  
Division of Corporations and Commercial Code



State of Utah  
Department of Commerce  
Division of Corporations & Commercial Code  
Amendment to Certificate of Organization

Non-Refundable Processing Fee: \$37.00

Pursuant to UCA § 48-3a-202, the individual named below causes this Amendment to the Certificate of Organization to be delivered to the Utah Division of Corporations for filing, and states as follows:

Entity Number: 12180326-0160

The name of the limited liability company is: NOW CFO Fort Lauderdale, LLC

The Certificate of Organization shall be amended as set forth herein (complete all that apply):

There is a change in the name of the limited liability company to:

NOW CFO Miami, LLC

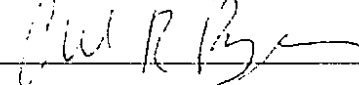
The Certificate of Organization is amended as follows:

Filing date of initial certificate 02-23-2021

Future effective date (if not to be effective upon filing) \_\_\_\_\_ (MM-DD-YYYY & not to exceed 90 days)

Under penalties of perjury, I declare that this Amendment of Certificate of Organization has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Name: Chad Burgin

Signed: 

Title: Authorized Signor

Dated: 06-08-2022

Under GRAMA {63G-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

# FLORIDA STATE DISBURSEMENT UNIT



11/25/2022

NOW CFO FORT LAUDERDALE  
210 N 2100 W  
SALT LAKE CITY, UT 84116

Dear Remitter:

Re: Return payment enclosed, Check # 002011 \$ 25.00  
Work Item Date: 11/25/2022 Work Item Seq: 4388

Your child support payment is being returned for the following reason(s):

- ☐ The date on the payment instrument is postdated beyond the acceptable date range.
- ☒ The payment instrument is not made payable to the Florida State Disbursement Unit. **Do not alter and resubmit the same check or money order.**
- ☐ The written dollar amount is missing from your payment instrument.
- ☐ The payment instrument is not presented in US funds. Please submit a **new** check payable in US funds.
- ☐ The payment instrument is not signed. Please sign the payment instrument and resubmit.
- ☐ The payment instrument has been changed.
- ☐ The payment instrument was damaged when received and could not be processed.
- ☐ We can no longer accept personal checks on your account. Our records indicate your account has an insufficient funds/ stop payment history on previously submitted payments. Please resubmit your payment by money order, cashier's check, or certified check payable to the Florida State Disbursement Unit. Mail your payment to the Florida State Disbursement Unit. Payments may also be made with a credit card at [myfloridacounty.com](http://myfloridacounty.com) or [fl.smartchildsupport.com](http://fl.smartchildsupport.com).
- ☐ The post office delivered this payment in error, therefore it is being returned to you.
- ☐ There are no posting instructions included with your payment. Please resubmit your payment along with the case information for which it is intended.
- ☐ Administrative cost.
- ☐ The payment that was submitted is payable only to the Clerk of Court. Please contact your Clerk of Court for receipting instructions.
- ☒ Other: 39

The child support account has not been credited for this returned payment. Payments may be made with a credit card at [myfloridacounty.com](http://myfloridacounty.com) or [fl.smartchildsupport.com](http://fl.smartchildsupport.com) or mailed to:

Florida State Disbursement Unit  
P.O. Box 8500  
Tallahassee, Florida 32314

Thank you.

Florida State Disbursement Unit

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