

PD9000000224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

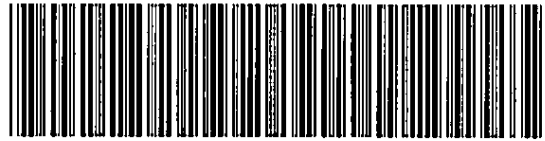
(Business Entity Name)

(Document Number)

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FILED

2019 JUL 22 A 11:19

CLERK OF COURT  
TALLAHASSEE, FLORIDA

JUL 2 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CENTRAL INVESTIGATION AGENCY INC  
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:

FRANCELOT SAINTIL  
Name of Person

CENTRAL INVESTIGATION AGENCY INC  
Firm/Company

1060 HYPOLUXO ROAD  
Address

LANTANA FL 33462  
City/State and Zip Code

CENTRAL2000C@Y2H20.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCELOT SAINTIL at (561) 502-2135  
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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2019

FRANCELOT SAINTIL  
1060 HYPOLUXO RD  
LANTANA, FL 33462

SUBJECT: CENTRAL INVESTIGATION AGENCY, INC.  
Ref. Number: P09000000224

We have received your document for CENTRAL INVESTIGATION AGENCY, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new corporate name must be in section A.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 419A00013815

RECEIVED  
2019 JUL 22 AM 11:25  
MAIL ROOM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

*CENTRAL INVESTIGATION AGENCY INC*

FILED

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2010 JUL 22 AM 11:18

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on *01-02-2009* and assigned

Florida document number *PO9000000224*

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 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 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

City

Florida

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>	<u>Type of Action</u>
MGR	WILNER AUGUSTO	1060 Hypoluxo Rd	<input checked="" type="checkbox"/> Add
		LANTANA FL 33462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DUKENS LOUISIANA MUSTINA	1060 Hypoluxo Rd	<input checked="" type="checkbox"/> Add
		LANTANA FL 33462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 6-18- 2019

President FRANÇOIS SAINTIL  
Typed or printed name of signee