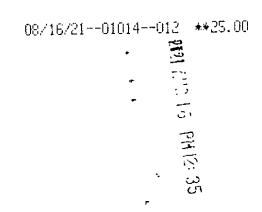
## L15000132329

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	L FINANCE 9351, LLC		_		
SUBJECT:	Name of Lim	ited Liability Company	-		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	CLAUDIO MONTILLA				
	<del></del>	Name of Person			
	CAJIGAL FINANCE 935	1, LLC			
		Firm/Company			
	17122 SW 92ND ST				
	<u></u>	Address	<del></del>		
	MIAMI, FL 33196				
		City/State and Zip Code			
	17122sw@gmail.com				
	E-mail address: (	to be used for future annual report not	ification)		
For further information	concerning this matter, please ca	all:			
Claudio Montilla		786 5541700 at ()			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
(ii) \$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 Addr Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

is an appear on our record	
ted Liability Company)	<u></u> (
any were filed on	and assigned
liability company here:	
Liability Company," the designation "LLC	or the abbreviation "L.L.C."
<u> </u>	
	5
ice address on our records, enter	the name of the new registe
Enter Florida street addres.	s
, FIC	Zip Code
	Liability company here:  Liability Company," the designation "LLC"  Company, the designation "LLC"  Company the designation the designation "LLC"  Company the designation the des

## 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
MGR	CLAUDIO MONTILLA	17122 SW 92ND ST MIAMI, FL 33196	□Add
			Remove
			□Change
AMBR	CLAUDIO MONTILLA	17122 SW 92ND ST MIAMI, FL 33196	<b>®</b> Add
			□Remove
			□Change
AMBR	ELZIDA MORENO	17122 SW 92ND ST MIAMI. FL 33196	<b>≥2</b> ■Add
			Remove
			<del></del>
			 ≝Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
<del></del>			🗖 Add
			□Remove

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ective date, if other than the date of filing:  leffective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic nument's effective date on the Department of State's records.	able statutory filing requirements, this date will not be inste
cord specifies a delayed effective date, but not an effective ti s filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed AUGUST 10 2021	- Contract C
	Typhao cufor UU P.
Signature of a member or author	orized representative of a member

Filing Fee: \$25.00