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TO:	Registration Se Division of Cor		•	« ^۱
SUBJEC	C CTD	CI HOLDINGS LLC	,,,	•
SODJE	C1:	Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		BENJAMIN BERTHET		
			Name of Person	
		CAPORICCI HOLDINGS	LLC	
			Firm/Company	
		9401 NW 106TH STREET	STE 105	
			Address	
MIAMI, FL, 33178				
			City/State and Zip Code	****
		b.berthet(a)2be.us E-mail address: (to be used for future annual repor	et notification)
For furth	ner information e	oncerning this matter, please c	·	·
BENJA	MIN BERTHET		941 726998	
	Name o	f Person	ut () Area Code D	aytime Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	 -	Street Addre	
	Registration S Division of C		Registration Division of	n Section `Corporations
	P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPORICCL HOLDINGS

- Pare - 0 - 77 5: 1,8

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

The Articles of Organization for this Limited Liability C		and assigned
Florida document number <u>L06000123083</u>	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BEAL POST OFFICE BON) B. If amending the registered agent and/or registere		
agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street addres	.,
	FI	orida
	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 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>	Address	Type of Action
MGR	CAPORICCI FRANCO	780 NE 69TH STREET UNIT 1810	
		MIAMI, FL. 33138	
			□Change
AMBR	CAPORICCI DOMENICO	780 NE 69TH STREET UNIT 1810	= Add
		MIAMI, FL, 33138	□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the c	late of filing:			(optional)	
ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Deput	ck does not meet th	e applicable statuti	ling or more than 90 d ory filling requireme	nys after filing.) Pursua nts, this date will no	ant to 605,020 of be listed a
cord specifies a delayed effective s filed.	date, but not an eff	ective time, at 12:0	II a.m. on the earlic	r of: (b) The 90th	day after the
ed OCTOBER 15711	202	0			

Typed or printed name of signee