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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAMEY MANAGEMENT LLC Name of Minited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
QuStavo Lodriguez
Tax House Miami Firm/Company
301 NC 79 St, StC 2
Miami FL 33138 City/State and Zip Code City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
hustava Rodriguez at 186, 615 - 2009 Name of Person Area Code Daytime Telephone Number 250
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee. Certificate of Status \& Certificate of Status \& Certificate of Status \& Certificate Opy \tag{cadditional copy is enclosed}\) Certificate of Status \& Cert

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caner Management	LLC	20
(<u>Name of the Limifett Liability Compan</u> (A Florida Limited Lia	y as it now appears on our record ability Company)	
The Articles of Organization for this Limited Liability Company well-based document number LOBILINO 1961.	rere filed on <u>02</u> 22	2008 and assigned
This amendment is submitted to amend the following:		0 3
A. If amending name, enter the new name of the limited liability YOUNILEY DIOZ LLC The new name must be distinguishable and contain the words "Limited Liability".		" 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 adagent and/or the new registered office address here:	ldress on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	xs .
	FI	lorida
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of	performance of my duties, a covided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Aid	
		□Remove	
		Change	
		□Add	
		□Remove	
		[]Add	
		□Remove	
	.	□Add	
		□Remove	
		☐ Change	
			□Add
			□Remove
			☐ Change

	
Note:	tive date, if other than the date of filing: 13 21 20 (optional) fective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 filed.
Datec	March 27 2010
	Signature of a member or authorized presentative of a member
	YOINMITER DIAZ Guillen

Filing Fee: \$25.00