

L08000082416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

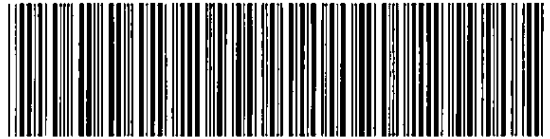
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2023 AUG 14 PM 3:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAQUIN GROUP LLC
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:

Andrea Schenone
Name of Person

Caquin Group LLC
Firm/Company

1500 WESTON RD # 304,
Address

WESTON, FL 33326
City/State and Zip Code

Andrea@caquin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Schenone at (305) 490-5566
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
ambr	CARLOS QUINTERO	1500 WESTON ROAD #3041	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDREA SCHENONE	1500 WESTON ROAD #3041	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CARLOS A. QUINTERO-MARIN	1500 WESTON ROAD #3041	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

If the record 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 record is filed.

Dated AUGUST 7, 2023

ANDREA SCHIENONE

Typed or printed name of signee

Filing Fee: \$25.00