L08000082416

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COVER LETTER

TO:

TO: Registration Se Division of Cor			•	
SUBJECT:	AQUIN GR	2008 L	<i>LC</i>	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	And	Name of Person	chenone	
		Or Our		
	1500	WESTON Address	RD#3041	
	(1) Elma	1 10 222	2.4	
	$-\omega\omega$	City/State and Zip Code	<u>~</u>	
	\sim			
	E-mail address: (to be used for future annua	al report notification)	· 53
For further information c	oncerning this matter, please co	all:		
1	^ ,			-
Andrea J	Chenone	at (305)_	490-5566	.
Name o	f Person	Area Code	Daytime Telephone Number	· .
				\
Enclosed 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 (additional copy is e	Certificat melosed) Certified	e of Status &
Mailing Addres			Address:	
Registration S Division of C			tration Section on of Corporations	
P.O. Box 632	-		Centre of Tallahassee	
Tallahassee, I			N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAQUIN GROUP LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compariorida document number $\frac{L08000082416}{L08000082416}$.	ny were filed on aUGUST 28TH, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		<u>-</u> :
		<u> </u>
		• •
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)	·	pun 4
B. If amending the registered agent and/or registered officingent and/or the new registered office address here:	re address on our records, <u>enter the na</u>	me of the new regi
Name of New Registered Agent:		*****
New Registered Office Address:	Enter Florida street address	
	, 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 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
ambr	CARLOS QUINTERO	1500 WESTON ROAD #3041	= Add
		WESTON, FL 33326	\ Remove
			Change
AMBR	ANDREA SCHENONE	1500 WESTON ROAD #3041	
		WESTON, FL 33326	{□Remove
			= Change
MGR	CARLOS A. QUINTERO-MARIN	1500 WESTON ROAD #3041	; □Add
		WESTON, FL 33326	. :
			□Change
			□Remove
			□ Change
			DAdd
			□Remove
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fective date, if other than the dat n effective date is listed, the date must be set te: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior to date does not meet the applicable st	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 latutory filing requirements, this date will not be listed as
cord specifies a delayed effective dass filed.	ite, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
ted	, 2023	