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DIVISION OF CORPORATIONS
09 DEC - 3 AM 10:16

B. KOHR

JAN - 6 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cabezas Services, 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:

Miguel M. Cabezas
Name of Person

Firm/Company

8240 Hawthorne Ave
Address

Miami Beach, FL 33141
City/State and Zip Code

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

For further information concerning this matter, please call:

Miguel Cabezas at ²⁰¹~~701~~ 638-5185
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -3 AM 10:14

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Cabezas Services, LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -3 AM 10:14

The Articles of Organization for this Limited Liability Company were filed on 7/28/2009 and assigned
Florida document number L09000072351

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS**)

8240 Hawthorne Ave
Miami Beach, FL 33141

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

8240 Hawthorne Ave
Miami Beach, FL 33141

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Miguel M. Cabezas

New Registered Office Address:

8240 Hawthorne Ave

Enter Florida street address

Miami Beach

Florida

33141

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 608, 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.

(X)

Miguel M. Cabezas
If Changing Registered Agent, Signature of New Registered Agent

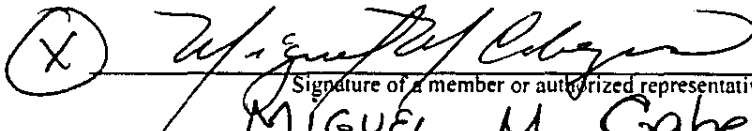
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Miguel M. Cabezas	8240 Hawthorne Ave Miami Bch, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Millie Cabezas	8240 Hawthorne Ave Miami Bch, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Noemi Cabezas	8240 HAWTHORNE AVE. MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(X) Dated DECEMBER 1ST 2009

(X) 
Signature of a member or authorized representative of a member
MIGUEL M. Cabezas
Typed or printed name of signee