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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations CAYA HOLDINGS LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: MARY YAMHURE Name of Person Firm/Company 7701 NW 15TH STREET CO 286943 Address MIAMI, FL 33106 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARY YAMHURE 305 8482584 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAYA	HOLDINGS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	nny ay it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I Florida document number <u>L10000084349</u>		were filed on08/11/201	0	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name.	of the limited liah	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	Bright "Linguisti	
Enter new principal offices address, if appli	cable:	N/A		2 8	# 8: 42
(Principal office address MUST BE A STREET ADDRESS)				75 7 <u>2</u>	
				_რ≺ -ოლ -≥ -	
Enter new mailing address, if applicable:		N/A		F S F S	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>enter the</u>	name of the	e new
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street			
	N/A		Florida N/A		
		City	7	lip 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 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>	Name	<u>Address</u>	Type of Action
MGRM	CARLOS A. DURAN	7701 NW 15TH STREET	□ Add
		CO 286943	■ Remove
		MIAMI FL 33106	☐ Change
			Remove
			A A Children A SS
			MGAdd T
			Change
			□ Add
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effective (Ate, if other than the dat date is listed, the date must be date inserted in this block effective date on the Depar	pecitic and car loes not mee	nnot be prior to d t the applicable		more than 90 days		
	specifies a delayed ef a day after the record		e, but not a	n effective	time, at 12:	01 a.m. or	the earlier
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