

L110000 18381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

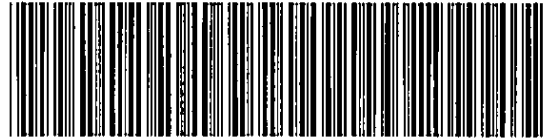
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 14 PM 1:45
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TAX

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Y SULKER

JAN 15 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2019

CAO INVESTMENT, LLC
1690 W 79TH STREET
HIALEAH, FL 33014

SUBJECT: CAO INVESTMENT, LLC
Ref. Number: L11000018381

We have received your document for CAO INVESTMENT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 419A00024982

RECEIVED
2020 JAN 14 AM 10:36
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cao Investments
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:

Gerlasia Cao
Name of Person

Firm/Company

1690 W 79th Street
Address

Hialeah, FL 33014
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Vigo at (305) 610-1890
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cao Investments

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

The Articles of Organization for this Limited Liability Company were filed on 02/11/2011 and assigned Florida document number L11000018301.

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 contain 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	belasia Alberta Cao	1690 W 79 th Street	<input checked="" type="checkbox"/> Add
	as Trustee, or her successor in trust, under the belasia Alberta Cao Revocable Trust, dated May 17, 2019, and any amendments thereto.	Hialeah, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	belasia Alberta Cao	1690 W 79 th Street	<input type="checkbox"/> Add
		Hialeah, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	Antonio Victor Cao as Trustee, or his successor in trust, under the Antonio Victor Cao Revocable Trust dated May 17, 2019, and any amendments thereto.	1690 W 79 th Street	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	Antonio Victor Cao	1690 W 79 th Street	<input type="checkbox"/> Add
		Hialeah, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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)

(b) The 90th day after the record is filed.

X Antonio Caro Signature of a member or authorized representative of a member

Antonio V. Cao Gelasia Cao
Typed or printed name of signee