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12 /16/24

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CAGALLERO REALTY 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:
JAIME CABALLERO
Name of Person
Firm/Company
2222 PATTERSON AVE
KEYWEST, FC 33040
City/State and Zip Code TAIMED KWUPR-COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAIME CABALLERO 305, 797-5252
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C'ABAllS	RO R	EALTY	LLC		
(Name of the Limited Liabili (A Florida	ty Company as it no Limited Liability C	ow appears on our ompany)	records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L/4000</u> 786	Company were file	ed on <u>05/1</u>	$\frac{4}{2014}$ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability con	ipany here:			
The new name must be distinguishable and contain the words "Lim	nited Liability Compa	any," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		·····			
					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address	on our records,	enter the name of the new register		
Name of New Registered Agent:	,				
New Registered Office Address:		Enter Florida street	et address		
	City	<u>.</u>	, 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
MGR	JAIME CABAllERO	323 Flaming St	tDxdd
		323 Flaming St Keywest, FL 330	40 □Remove
			□Change
			□Add
			□Remove
			□Change
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ctive date, if other than the d	late of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this block				
ament's effective date on the Dep	partment of State's records			
ord specifies a delayed effective	date but not an affective t	ime at 12:01 a.m. on :	he earlier of (b). The	Mth day afta
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