L150000 27507

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2019 JUL 15 PD 2: 12

COVER LETTER

TO:	Registration Sec Division of Corp							
SUBJE	CACEDA L	LC						
SUBJE	CI:	Name of Limited Liability Company						
The enc	losed Articles of a	Amendment and fee(s) are sub-	nitted for filing.					
Please re	eturn all correspoi	ndence concerning this matter t	to the following:					
		Raul R. Lopez						
			Name of Person					
		Gastesi Lopez & Mestre, Pl						
			Firm/Company					
		8105 NW 155 Street						
			Address					
		Miami Lakes, FL 33016						
		lopez@glmlegal.com	City/State and Zip Code					
		E-mail address: (t	o be used for future annual report notifi	cation)				
For furt	her information co	oncerning this matter, please ca	dl:					
Raul Lo	ppez		305 818-9993					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CACEDA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2913 JUL 15 P 3 12 The Articles of Organization for this Limited Liability Company were filed on 2/13/2015 11 15000027507 Florida document number L15000027507 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

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

___, Florida ___

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	Heleonel Gonzalez	5580 W. 16th Avenue	
			Add
		Suite 105	
			Remove
		Hialeah, FL 33012	5 0
			Change
			□ Add
			☐ Remove
			☐ Change
			
			Remove
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Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second seco	nis block does not me	et the applical	date of filing or mole statutory filin	ore than 90 days afte g requirements, th	ional) r filing.) Pursuant to 6 is date will not be li	05.0207 sted as
he record specifies a dela The 90th day after the		te, but not	an effective t	ime, at 12:01	a.m. on the ear	lier of
Dated July 11		2019				
n D -	Signature of a mo		-			
Will.	Muje	mbor or author	and marganistics	at a mark of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00