N150000027507

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	,
Certified Copies	_ Certificate:	s of Status
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T. MATTHEWS

FEB 17 2022

COVER LETTER

TO:	Registration Se Division of Cor			
cunu	CACEDA	LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		Raul R. Lopez		
			Name of Person	
		Gastesi Lopez & Mestre, F	PLLC	
			Firm/Company	
		8105 NW 155 Street		
		-	Address	
		Miami Lakes, FL 33016		
		lopez@glinlegal.com	City/State and Zip Code	
			to be used for future annual report notification)	
For furt	her information o	concerning this matter, please co	all:	
Raul R	. Lopez		305 818-0117 at ()	
	Name o	of Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for t	he following amount:		
 \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CACEDA LLC

(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 Liab	bility Company v	were filed on $\frac{2/13}{}$	2015	and assigned
Florida document number L15000027507				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabil	lity company here	:	
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ty Company," the desi	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)	<u> </u>		·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B)	(OX)			
B. If amending the registered agent and/or regagent and/or the new registered office address	•	ddress on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florid	a street address	
			, Florida	
	 .	City		Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this cl	r and complete p tered agent as p egistered office (performance of m rovided for in Ch	y duties, and I am fo apter 605, F.S. Or, (imiliar with and if this document is

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>	Address	Type of Action
MGR	Heleonel Gonzalez	5580 W. 16th Avenue	□Add
		Suite 105	≣Remove
		Hialeah, FL 33012	_
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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			□Change

<u>etc:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.		-		
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