L1500038265

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400282938564

03/08/16--01015--027 **25.00

16 MAR - 8 PM 3: 14

. ... 0 9 2016

Y SULKER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CAVILL Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CARLO	S ASMADT	Γ
	CAVIL	LO LLC Firm/Company	
	<u>411 Su</u>	O 37th AVE	0-24
	Miani	FL 3313	5
	CAVILU E-mail address: (0	O @ GMAIL.	COM ication)
For further information	concerning this matter, please ca	ath:	
<u>CARLOS</u>	ASMADT of Person	at (<u>786</u>) <u>614</u> Area Code Daytimo	1964 Telephone Number
Enclosed is a check for	the 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**

CAVITLLO LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1500003826</u> 5	were filed on $03/02/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability"	y 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)	411 SW 37th AVE U-2A Miani FL 33135
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	411 SW 37th AVE &U-2A Miani FL 33135
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: CARI	OS ASMADT
New Registered Office Address: 411	SW 37th AVE U-ZA Enter Florida street address
_ MiAI	11 , Florida 33135
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 Signatury 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 = AMBR =	Man Auth	ager norized Member						
<u>Title</u>	Far	Name JNY		Address				Type of Action
MGR	יים נ	NOHELY	REVETT	411	SW	37th Ave	U-2A	Add
				<u></u>				Remove
				,				Change
						··· -		🗆 Add
							 	Remove
								Change
								_□Add Remove
							SEE. PLONIS	Change ယ္
							 .	_□ Remove
							·	_ Change
								_□ Add
								_□ Remove
						<u> </u>	·	_□ Change
				****				_□ Add
								_□ Remove
								_□ Change

•			
•			_
•		···········	
•			_
•			
			_
			
			 -
		<u>o</u>	
	31. 31.4	7	
	U 19	∞ ~~a	_ ;
	Log 4.4	<u>ဒ</u> သ	
		<u></u>	_
	<u> </u>		_

Page 3 of 3

Filing Fee: \$25.00