## L15000138526

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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K. SALY EXAMINER EXAMINER

## **COVER LETTER**

TO:	Regist Divisio	ration Sect on of Corpo	ion prations			
CUDI		lueberry Do				
SUBJ	ECT:		Name of Lim	ited Liability Company		
The er	nclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return al	l correspond	dence concerning this matter	to the following:		
			Eugene H. Gaudette			
				Name of Person	<del> </del>	
				Firm/Company		
			PO Box N			
				Address		
			Sanford, ME 04073			
				City/State and Zip Code		
			tiffany@ehglaw.com			
				to be used for future annual rep	ort notification)	
For fu	rther info	rmation con	cerning this matter, please ca	all:		
Tiffar	ny Camire	;		207 324-1 at ()	551 Daytime Telephone Number	
		Name of F	Person	Area Code	Daytime Telephone Number	
Enclos	sed is a cl	neck for the	following amount:			
<b>■</b> \$2	25.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Sta  Certified Copy (additional copy is each)	atus &

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

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2015 DEC -7 PM 4:27  ecords.) LAHASSEE. FLARIDA  and assigned
ecords.) AHASELUS
SEE, FLANE
and assigned
"LLC" or the abbreviation "L.L.C."
eords, enter the name of the nev
ddress

## 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.

City

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	Mark Cafua	280 Merrimack Street	
		Methuen, ME 01844	■ Remove
			☐ Change
MGR	Fernando Cafua	12236 Tillinghast Circle	<b>=</b> Add
		Palm Beach Gardens,FL 33418	☐ Remove
			Change
			□ Add
			Remove Change
			Addt 27 Remove
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ffective date, if othe	r than the date of	f filing:		(optio	nal)
an effective date is listed,	the date must be speci	ific and cannot be prior	to date of filing or mor	re than 90 days after	filing.) Pursuant to 605.0207
lote: If the date inserte	te on the Departmen	nt of State's records.	, ,	•	
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Page 3 of 3

Filing Fee: \$25.00