

L15 000 148802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

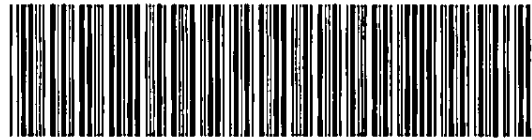
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2020 OCT 28 PM 6:18

DEC 07 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAYCO 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:

Maria Calderon

Name of Person

Law Office of Valeria Schwartzman, P.A.

Firm/Company

12550 Biscayne Blvd, Suite 406

Address

North Miami, Florida 33181

City/State and Zip Code

maria@schvlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Calderon

305 974 - 0114
at ()

Name of Person

Area Code

Daytime 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 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

CAYCO 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 Liability Company were filed on 08/31/2015 and assigned
Florida document number 1.15000148802.

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:

12550 Biscayne Blvd, Suite 406

(Principal office address MUST BE A STREET ADDRESS)

North Miami, Florida 33181

Enter new mailing address, if applicable:

12550 Biscayne Blvd, Suite 406

(Mailing address MAY BE A POST OFFICE BOX)

North Miami, Florida 33181

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:

Law Office of Valeria Schvartzman, P.A.

New Registered Office Address:

12550 Biscayne Blvd, Suite 406

Enter Florida street address

North Miami

City

, Florida 33181

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 Changing Registered Agent, Signature of New Registered Agent

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2020 OCT 28 PM 5:18
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALBACETE, GIULIANA	1300 Brickell Bay Drive	<input type="checkbox"/> Add
		Apt 3104	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AMBR	MARCOLLI, ENRIQUE	1300 Brickell Bay Drive	<input type="checkbox"/> Add
		Apt 3104	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
MGR	ALBACETE, GIULIANA	12550 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Suite 406	<input type="checkbox"/> Remove
		North Miami, FL 33181	<input type="checkbox"/> Change
MGR	MARCOLLI, ENRIQUE	12550 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Suite 406	<input type="checkbox"/> Remove
		North Miami, FL 33181	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 605.0207 (3)(b) Missouri Administrative Code, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 22 2020

[Signature]

Signature of a member or authorized representative of a member

ENRIQUE MARCOLLI, Authorized Member

Typed or printed name of signee

Filing Fee: \$25.00