

UP 000172152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

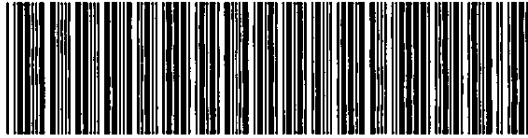
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600278598876

11/03/15--01007--012 **25.00

FILED
15 NOV -3 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 04 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAJIGAL FINANCE 5231 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:

E. BEATRIZ BROUWER
Name of Person
BRIELE & ECHEVERRIA PA
Firm/Company
5001 SW 74TH COURT STE 202
Address
MIAMI, FL 33155
City/State and Zip Code
BBROUWER@BECPAS.NET
E-mail address: (to be used for future annual report notification)

FILED
15 NOV -3 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

E. BEATRIZ BROUWER at (305) 443-5768
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAJIGAL FINANCE 5231 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 10/9/2015 and assigned Florida document number L15000172152.

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)

FILED
15 NOV -3 PM 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, Florida _____

City

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

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>
MGR	CAJIGAL FINANCE LIMITED	17122 SW 92 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELZIDA M. MONTILLA	17122 SW 92 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VICENTE R. MONTILLA	17122 SW 92 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33196	<input type="checkbox"/> Remove
			<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

FILED
 3
 M 3 0
 TALLAHASSEE FLORIDA
 GEORGE H. WYATT
 SECRETARY
 STATE

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

Lined area for amending information.

15 NOV - 3 PM 340
STATE COMMISSION
FILED

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)

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

2015

Signature of a member or authorized representative of a member

ELZIDA M. MONTILLA, VP OF CAJIGAL FINANCE LIMITED

Typed or printed name of signee