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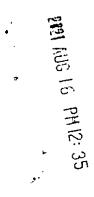
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COVER LETTER

TO: F	Registration Se Division of Cor	ection porations				
a a		FINANCE 5231 LLC				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		CLAUDIO MONTILLA				
			Name of Person			
		CAJIGAL FINANCE 523	1 LLC			
			Firm/Company	_		
		17122 SW 92ND ST				
			Address			
		MIAMI, FL 33196				
			City/State and Zip Co	de		_
		17122sw@gmail.com				
Car furtha	- information c	E-mail address: (oncerning this matter, please c	to be used for future ann	ual report notii	ication)	
		oncerning this mater, preuse c	786	5541700		
Claudio M			at ()		· · · ·	
	Name o	f Person	Area Code	Daytime	Telepho	one Number
Enclosed	is a check for th	ne following amount:				
■ \$2 5.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	dailing Addres			Address: stration Sec	tion	
	Registration S Division of C		Divis	sion of Corp	oratio	
F	P.O. Box 632	7		Centre of Ta		
7	l'allahassee, l	·1. 32314	2415	N. Monroe	Street	i, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAJIGAL FINANCE 5231 LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our record Liability Company)	<u>·ds.</u>)
The Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of Organization for the Organization of Organization of Organization for the Organization of Organization	ny were filed on 10/09/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		PH 12
		· · · · · · · · · · · · · · · · · · ·
		, in
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Enter Florida street addre	? 33
		TloridaZip Code
	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>	Type of Action
MGR	CLAUDIO MONTILLA	17122 SW 92ND ST MIAMI, FL 33196	□ Add
			■Remove
			□ Change
AMBR	CLAUDIO MONTILLA	17122 SW 92ND ST MIAMI, FL 33196	a Add
			←☐ Change
AMBR	ELZIDA MORENO	17122 SW 92ND ST MIAMI, FL 33196	
			16
			□Remove
			DChange
			🗀 Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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						- 5 35
						<u></u>
		<u> </u>				
Tective date, if other an effective date is listed, the ote: If the date inserted ocument's effective date	he date must be specific I in this block does no	and cannot be price of meet the appli	icable statutory f	or more than 90 of	_ (optional) days after filing.) F ents. this date w	fursuant to 605.020 ill not be listed as
record specifies a delaye is filed.	ed effective date, but i	not an effective	time, at 12:01 a	m. on the earli	er of: (b) The (90th day after the
		2021				
AUGUST 10		_·/	T) (= 1111	Day Too	11116.	
ated AUGUST 10	Signature of	f a member or altri	horized representa	ive of a membe	WC.	

Filing Fee: \$25.00