## 15000201525

(Re	equestor's Name)	-
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PICK-UP	□ WA!T	MAIL
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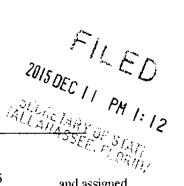
K.SALY EXAMINER DEC 15 2015

## **COVER LETTER**

	istration Se ision of Cor			
SUBJECT:	Cabaceo,	LLC		
Name of Limited Liability Company				
		Amendment and fee(s) are sub	•	
		Max Thomas		
		All Angeling and the second and the	Name of Person	
		Cabaceo, LLC		
		all-all-derivates and nice legislation of the desirability of the	Firm/Company	<del>nincina planica, più essò essò essò essò estado cidado de</del> ra <del>essolare</del>
		9048 Moorgate Court		
			Address	144
		Jacksonville, FL 32257		
			City/State and Zip Code	
		max.j.thomas@gmail.cor		
			to be used for future annual report notifi	cation)
For further un	iformation c	oncerning this matter, please c	df:	
Nancy Thor	nas		904 386-2334 at ()	
	Name o	f Person	Aten Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Cabaceo, 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 Liab	oility Company were filed	l on December 2, 2015	and assigned
Florida document number L15000201525	-		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability comp	oany here:	
Cabeceo, LLC			
The new name must be distinguishable and contain the word	ds "Limited Liability Compan	y," the designation "LLC" or the	ibbreviation "L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
	فاللغاية فالمناب والمراجع والم		aggin kan ka Jangda karijan pikkan kan ininininin sepakh di kalabah kan na kalabah di Malikawa da Francis
Enter new mailing address, if applicable:	*****		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	, , , , , , , , , , , , , , , , , , ,	
			14
B. If amending the registered agent and/or registered agent and/or the new registered offic		ress on our records, <u>ente</u> r	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street address	
		, Florida	
	Crp;		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 A	uthorized Person(s) authorized to mana om our records:	age, <u>enter the t</u>	itle, name, and address of each p	person being added
MGR = Man AMBR = Auti	ager norized Member		2015 DEC 11 PM 1:12	
<u>Title</u>	<u>Name</u>	Address	SECTE MAY DE - 1:12	Type of Action
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mettective date is listed, the date must be oter. If the date inserted in this block	does not meet the applicable	statutory filing requirements	s, this date will not be liste	ed as
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Page 3 of 3

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