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(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

	ation Sect n of Corpo				
	ACHITA, I	LC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Art	ticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all	correspond	lence concerning this matter	to the following:		
		James L. Parado, Esq.			
			Name of Person		
		Law Offices of Gold & Par	rado		
			Firm/Company		
9200 South Dadeland Boulevard, Suite 208					
			Address		
		Miami, FL 33156			
			City/State and Zip Code	<u> </u>	
		jparado@acgoldlaw.com		X_X	
For further infor	mation con	E-mail address: () cerning this matter, please ca	to be used for future annual report notificati all:	LAHA LAHA	7
James L. Parado	o, Esq.		305 667-0475, ext. 3		П
	Name of F	'erson	at ()	lephone Number 17 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	D
Enclosed is a cho	eck for the	following amount:		\$ 0	
■ \$25.00 Filing	g 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

CACHITA, 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 December 18, 2015 and assigned Florida document number $\frac{1.15000209112}{2}$ 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enterothe name of tile new registered agent and/or the new registered office address here: U Name of New Registered Agent: **2** / 1 New Registered Office Address: Enter Florida street address _. Florida _

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

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
AMBR	RODRIGUEZ, TERESITA	PO BOX 452434	
		MIAML FL 33245	Remove
			Change
			Add
		···	□ Remove
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f an effective <u>Note:</u> If the	late, if other than the date date is listed, the date must be date inserted in this block effective date on the Department	specific and cam does not meet	iot be prior to da the applicable	te of liting or more t	han 90 days after fili	1) ng.) Pursuant to 605.	
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ated July	26)17				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00