# LIL 6000 06843

(i	Requestor's Name	)
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## **COVER LETTER**

Division of Cor			
WALESKA SUBJECT:	C.T, LLC		
Sobject,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DANIELA CABALLERO		
		Name of Person	<del></del>
	WALESKA C.T. LLC		
Firm/Company			
	10764 NW 84TH STREET	TUNIT 4	
		Address	············
	MIAMI. FL 33178		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
DANIELA CABALLER	0	786 942 3267	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

WALESKA C.T., L.L.C		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number L16000006843	any were filed on 01/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<del>\</del> 5
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		약 <u>!</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		χ. <b>ω</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WALESKA CABALLERO	10764 NW 84TH STREET #4	
		MIAMI, FL 33178	■ Remove
			☐ Change
MGR DANIELA CABALLERO	DANIELA CABALLERO	10764 NW 84TH STREET #4	<b>∃</b> Add
		MIAMI, FL 33178	☐ Remove
			Change
			☐ Remove
		CEChange VIS OF Add	
			HANSION OF CORPORA CONTROL OF C
			Add
,			Remove
			□ Change
			□ Remove
			□ Change

D. II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
7		
	DIVISION OF CORPORATIONS	
		*****
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	PROD PR	C
(If an e <b>Note</b> :	tive date, if other than the date of filing:  10/01/2016  (optional)  (optional)  (ffective 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 605.020  (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	7 (3)(b s the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on e 90th day after the record is filed.	of:
Dated	d	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00