

L16 0000 50852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

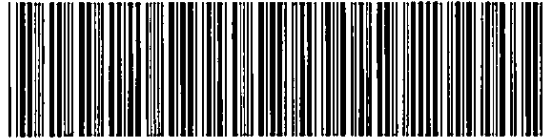
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/22/20--0100--50852

RECEIVED

JUL 14 2020

R. WHITE

JAN 25 2021

15 00 00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2020

ANDRES CABO
CABO FAMILY HOLDINGS LLC
5455 SW 8TH STREET #135
MIAMI, FL 33134

SUBJECT: CABO FAMILY HOLDINGS, LLC
Ref. Number: L16000050852

We have received your document for CABO FAMILY HOLDINGS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 020A00023446

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABO FAMILY Holding 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:

ANDRES CABO
Name of Person

ATTN: Lighting Paradise
Firm/Company

MAILING: PO BOX 440913, MIAMI, FL 33144
Address

MIAMI, FL 33144
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES CABO at (305) 297-4050
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: (ALREADY SENT PREVIOUSLY)

- | | | | |
|---|--|--|--|
| ☐ \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

12 11 9:01

N/A
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>
AMBR	ANDREINA NOEL	P.O. Box 440913, Miami, FL 33144	☒ Add
			☐ Remove
			☐ Change
AMBR	NATALIE CABO	P.O. Box 440913, Miami, FL 33144	☒ Add
			☐ Remove
			☐ Change
AMBR	ANGELICA CABO	P.O. Box 440913, Miami, FL 33144	☒ Add
			☐ Remove
			☐ Change
AMBR	DORIS I. CABO	P.O. Box 440913, Miami, FL 33144	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

E. Effective date, if other than the date of filing: N/A (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)

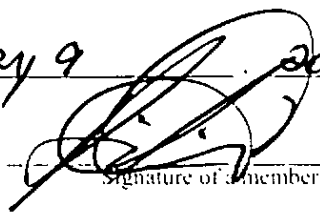
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

JANUARY 9

2021


Signature of a member or authorized representative of a member

ANDRES CABRO

Typed or printed name of signee