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COVER LETTER

	perties, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eric Schmidt		
	_	Name of Person	
	Cacau Properties, LLC		
		Firm/Company	
	911 NE 84 St		
		Address	
	Miami FL 33138		
	eschmidt155@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Eric Schmidt		954 815-2210 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

Registration Section Division of Corporations

TO:

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

Cacau Properties, LLC

2019 En 24 AH 8: 09

(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 Compa	any were filed on $\frac{4/6}{2}$	08/2016	and assigned
Florida document number 1.16000077568			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company he	ere:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the d	esignation "LLC"	or the abbreviation "L,L,C,"
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)			· · · · · ·
And the state of t			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by the Name of New Registered Agent: New Registered Office Address:	<u>1ere</u> :		enter the name of the new
	Enter Floi	rida street address	
	City	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Age	•		•
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of as provided for in C	my duties, and Chapter 605, F	I am familiar with and S. Or, if this document is
If C	Changing Registered Ap	ent, 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	Soraia Abranches Wilson	911 NE 84 St Miami FL 33138	Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
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			Remove
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Effective date, if other th	an the date of fili	10/18/2019 ng:		(optio	nal)
If an effective date is listed, the	date must be specific ar	nd cannot be prior		nore than 90 days after t	filing.) Pursuant to 605.0207
Note: If the date inserted in document's effective date of	i this block does not n the Department of	State's records.	able statutory film	ng requirements, this	date will not be listed as
	•				
ne record specifies a d	elaved effective	date, but no	t an effective	time, at 12:01 a	.m. on the earlier of
The 90th day after the				·, 	
Dated		2019 			
			\sim		
	Signature of	a member or autho	rized representativ	e of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee