

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003647203)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Corporations			
	Fax Number : (850)617-63	33		
5				
From:	Account Name : PERLMAN, BA			
	Account Number : 12004000016	ANDAS, TEVOLI, & AL	BRIGHT P.L.	
	Phone : (305)377-086	9		
	Fax Number : (305)377-078	1		
**Enter	the email addrass for this bus	part optimu to be	and fam to Sta	
an	the email address for this bus: nual report mailings. Enter onl	ness entity to be u v one email address	ised for future - please ##	-
	• · · ·		p10000.	
Em	ail Address: <u>CORPOLATP</u>	2 payalan	.(<u>om</u> _	•
ر L	LC AMND/RESTATE/CORF	ECT OR M/MG	RESIGN	
T RIDA RIDA	LC AMND/RESTATE/CORF CARIBBEAN HOSPITA			A.:
T STATE CANTONS FLORIDA				A:
T STATE STATE	CARIBBEAN HOSPITA			8: 8:
T T C C C C C C C C C C C C C C C C C C	CARIBBEAN HOSPITA	LITY GROUP, LI		8: 8:
T STATE	CARIBBEAN HOSPITA Certificate of Status Certified Copy	LITY GROUP, LI		10 A:1 8: 01
TATES ATENANDES	CARIBBEAN HOSPITA Certificate of Status Certified Copy Page Count	LITY GROUP, LI 1 0 04		8: 8:
UNISH CONTRACTORIS	CARIBBEAN HOSPITA Certificate of Status Certified Copy Page Count	LITY GROUP, LI 1 0 04		8: 8:

Electronic Filing Menu Corporate

Corporate Filing Menu

Help

<u>د</u> : ـ

Al		AMENDMENT		à	
A R'	T(TICLES OF O) RGANIZATION			
* *					
CARIBBEAN HOSPITALITY C	ROUP, LLC.				
(Name of the Lin	A Florida Limited L	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Florida document number	Liability Company v	were filed on09/01/2016	<u> </u>	and assign	ieđ
This amendment is submitted to amend the fo	llowing:				
A. If amending name, <u>enter the new name</u>	of the limited liabil	ity company here:			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "LLC" or the	e abbrevia	tion "L.L.C	
Enter new principal offices address, if appli	icable:				
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
				<u> </u>	
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	<u> (BOX)</u>				
		······		<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ad <u>ess here</u> :	dress on our records, <u>enter the na</u>	-	he new re	gistere
Name of New Registered Agent:				 t 3	
New Registered Office Address:			-	م. ر	t:
		Enter Florida street address		, , , , , , , , , , , , ,	
		, Florida	710	Code	
		507	<i>p</i>	CUHE	

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.

To:

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>	Name	Address	Type of Action
MGR	Luis Olivares	1451 Brickell Avenue	■Add
		Apt 4002	🗆 Remove
		Miami, FL 33131	□Change
	<u></u>		🗆 Add
			□Remove
			Change
		<u></u>	🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			□Change
			🖸 Add
			🗆 Remove
		, , , , , , , , , , , , , , , , ,	Change

	······································

	· · · ·
· · · · · · · · · · · · · · · · · · ·	······································
······································	
a	

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

E. Effective date, if other than the date of filing: ________(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) <u>Note:</u> 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	October 18	-	2023	,
Dateu	·	``` `` =` _ `` =` _ `` =` _ `` `` ` _ =` _ ` _		- *
			/	
		Signature of a men	nber or author:	zed representative of a member

Ricardo Bajandas, Esq., Authorized Representative