## L16000165559

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K. SALY EXAMINER

SEP 14

## **COVER LETTER**

TO:	Registration Se Division of Cor	ction poration <del>ś</del>				
, CLID IE		l Trading Comapny LLC				
SUBJEC	-1; <u> </u>	Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Robert James Crunkleton				
			Name of Person			
			Firm/Company			
		185 Villa Di Este Terrace				
			Address			
		Lake Mary Fl.32746				
			City/State and Zip Code			
		crunkleton1@yahoo.com	to be used for future annual report noti	fication)		
For furth	er information co	oncerning this matter, please ca	·	nearion,		
Robert J	ames Crunkleton	ı	407 310-7385			
	Name of	f Person		e Telephone Number		
Enclosed	l is a check for th	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:** 

TO:

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

2016 SEP 12 PM 4:28

Cabesa Azul Trading Company 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 September 2, 2016 Florida document number L16000165559 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cabeza Azul Trading Company LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

## 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, enter the title, name, and address of each person being added or removed from our records: FILED 2016 SEP 12 DV. MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	TALLER TAN	Type of Action
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior  Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	(optional)  r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 cable statutory filing requirements, this date will not be listed as in a.
he record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated Sepember 9 2016	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00