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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration So Division of Co			
enharzer	CARIBBEAN GARD	EN LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspondence	ondence concerning this matter	to the following:	
		CYNTHIA OUYANG	
		Name of Person	
	ZHA	NG & ASSOCIATES CPA PA	
		Firm/Company	
	13	800 NE 191ST ST #311	
		Address	
	Ŋ	MIAMI, FL 33179	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
CYNTHIA OU	YANG	305 919-7672	
Name (of Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARIBBEAN G	ARDEN LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)		
ne Articles of Organization for this Limited Liability Co	ompany were filed on	05/03/2017	and assig	ned
orida document numberL17000097977	<u>_</u> ·			
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limit	ted liability company he	ere:		
new name must be distinguishable and contain the words "Limi	ted Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.	C."
ter new principal offices address, if applicable:		 .		
rincipal office address MUST BE A STREET ADDR	<u>ESS)</u>			<u> </u>
			<u></u>	<u> </u>
			17 2	유로
ter new mailing address, if applicable:			ယ	_ <u>C</u>
ailing address MAY BE A POST OFFICE BOX)			<u></u>	~ 2 2—
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If amending the registered agent and/or regist gistered agent and/or the new registered office addr		our records, <u>ente</u>	r the name of	the n
Name of New Registered Agent:	CHEVALIER	L ANNICK		
New Registered Office Address:	600 N. SURF	ROAD		
New Negligiered Office Address.	Enter Flo	rida street address		
	HOLLYWOOD	Florida _	33019	
	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

Page 1 of 3

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 = Månager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			🗆 Add
			Remove
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Note: If the date inserted in this be document's effective date on the I			
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. Effe	ctive date, if other than the date of filing:		
(1f an Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure 1f the date inserted in this block does not meet the applicable statutory filing requirements, this date will	rsuant to 605 I not be list	5.020 ted a
doci	iment's effective date on the Department of State's records.		
f the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earli	er o
b) Th	ne 90th day after the record is filed.		
	MAY 11 2018		
Date	od		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00