10/11/2019 Division of Corporations

L19000215769

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000302956 3)))

H190003029563ABC2

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

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

2019 OCT 11 PM 3:42

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

2019 OCT 11 PM 2:46

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARIBBEAN EMBROIDERY & UNIFORMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	$55.00

Electronic Filing Menu Corporate Filing Menu Help

T GLASS

OCT 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN EMBROIDERY & UNIFORMS, 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:

Cheyenne Moseley
Name of Person

Legalzoom.com, Inc.
Firm/Company

101 N Brand Blvd 11th Fl
Address

Glendale, CA 91203
City/State and Zip Code

Caribbeanexotica69@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley at (800) 773-0888
Name of Person — Area Code — Daytime Telephone Number

2019 OCT 11 PM 3:42

Enclosed is a check for the 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, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CARIBBEAN EMBROIDERY & UNIFORMS, 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 05/25/2017 and assigned Florida document number L17000115769.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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: United States Corporation Agents, Inc.

New Registered Office Address: 5575 S. Semoran Blvd., Suite 36
Enter Florida street address

Orlando, **Florida** 32822
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.

Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agents, Inc.

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

Title	Name	Address	Type of Action
AMBR	Ronald Rudolf van Gricken	16225 SW 117 Avenue Ste 23D	☐ Add
		Miami, FL 33177	☐ Remove
			■ Change
AMBR	Maritza Murcia Gonzalez	16225 SW 117 Avenue Ste 23D	☐ Add
		Miami, FL 33177	☐ Remove
			■ Change
AMBR	Flor A Van Gricken	16225 SW 117 Avenue Ste 23D	■ Add
		Miami, FL 33177	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

2019 OCT 11 PM 3:42

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)
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 September 25, 2019

Signature of a member or authorized representative of a member

Ronald Rudolf van Gricken
Typed or printed name of signee

Filing Fee: $25.00