

10/11/2019

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

H1900015769

**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

**\*\*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 3:42

ACCEPTED FOR FILING

**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

2019 OCT 11 PM 2:46

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)

2019 OCT 11 PM 3:42  
 RECEIVED  
 FILED

For further information concerning this matter, please call:

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ronald Rudolf van Grieken	16225 SW 117 Avenue Ste 23D	<input type="checkbox"/> Add
		Miami, FL 33177	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Maritza Murcia Gonzalez	16225 SW 117 Avenue Ste 23D	<input type="checkbox"/> Add
		Miami, FL 33177	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Flor A Van Grieken	16225 SW 117 Avenue Ste 23D	<input checked="" type="checkbox"/> Add
		Miami, FL 33177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10/11/2019 11:06 AM  
 2423  
 11/11/2019 11:06 AM  
 2423  
 11/11/2019 11:06 AM  
 2423

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2019 OCT 11 PM 3:42

FILED

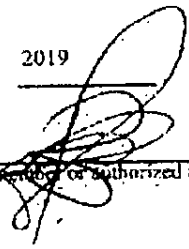
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

*(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 signer