117000140167

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TALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Cor	porations		
SUBJECT: CAYWII	n Creative Car	Pentru I.C.	
<u> </u>	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Denise Rive	Name of Person	
		Name of Person	
		Firm/Company	
	17500 NW 6	1 th PL APT K. Address	
	·	Address	
	Hialean Flor	ida 33015 City/State and Zip Code	
	Denice Riveras	39 @gmail- Com To be used for future annual report notif	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	ill:	
		at (
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000140167</u>	were filed onOU_ 28/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	17 × × × × × × × × × × × × × × × × × × ×
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	ANSSEE FLORIDA STATE OF STATE
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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> Name | <u>Address</u> Type of Action 17500 N.W 67th p1 AMBR & Edwin E. Macias AP+ K Hialean, Florida 33015. □ Add ☐ Remove _□ Change

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		_ Change
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*	Please	add	Edwin	E. Maci	as as	AMBR	3 MC	'nR.	<u></u> -
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an effecti Sote: If locument	ive date is listed, t the date inserted t's effective date	he date must in this block on the Dep	ck does not meet partment of State effective date	not be prior to date of the applicable sta 's records.	tutory filing red	quirements, this	filing.) Pursua date will no	t be lis	ted as
	Augu			<i>2</i> 017					
		1		ber or authorized re	presentative of a	member			
			Denise	٥.					

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

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Filing Fee: \$25.00