L17000203729

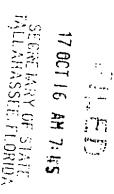
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration S Division of Co		.	
CAQUILL SUBJECT:	С		
SUBJECT:		nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Peter Quinn, MGR		
		Name of Person	
	CAQUILLC		
		Firm/Company	
	854 SW 9 Street Circle, U	nit 201	
		Address	
	Boca Raton, Florida 33486	6	
	-	Cuy/State and Zip Code	
	pq@sugarsandrealtyllc.con		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Peter Quinn		561 350-9620	
Name o	of Person	at () Area Code Daytine	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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAQU, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on October 2, 2017	and assigned
Florida document number <u>L17000203729</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "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 registered agent and/or the new registered office address here:	ee address on our records, enter	the name of the ne
		170 SECN
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	SELECTION OF THE SECOND OF THE
	, Florida	20 H W
N. D. C. J. W. C. W. C. J. W. C. W. C. J. W. C. W. W. C. J. W.	City	7ip Carde
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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Cacciamani and Rover LLC	2068 Calle Espana	= Add
		San Juan, Puerto Rico 00902	□ Remove
			□ Change
AMBR	Urban Development, LLC	8113 SW 82 Ct.,	E Add
		Miami Florida 33143	□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
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			🗖 Add
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			Change

			
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		ALE	<u>~</u>
	October 2, 2017		
(If an effective da	e, if other than the date of filing: te is listed, the date must be specific and cannot be prior to date o	of filing or more than 90 days after filing.) Pursuan	n to 605.0207
	ate inserted in this block does not meet the applicable sta fective date on the Department of State's records.	stutory filing requirements, this date will not	be listed as
	pecifies a delayed effective date, but not an edday after the record is filed.	ffective time, at 12:01 a.m. on the	earlier of
Dated	Oct 11 Jo17. Signature of a member or authorized re		
	0. 2 - 446.0		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00