118000007308

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

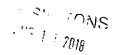
Office Use Only



500316130085

08/06/18--9in13--9i5 **60.00





COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Caisza business Group, 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:			
Cherelle Jones			
Caisza Business Grapillo			
8770 Oxfordshire Ave E			
Lacksonville FL 32219 City/State and Zip Code COIS70MCOMOLL COM			
E-mail address: To be used for future annual report notification)			
For further information concerning this matter, please call:			
Cherelie Jones at 904, 521-0875 Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee S4 Certificate of Status S4 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

a Business Genun 11

iability Company as it now appears on our

The Articles of Organization for this Limited Liability Company were filed on C and assigned Florida document number L18000007130 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 abbrertation 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: New Registered Office Address: Enter Florida street address City 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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Cherelle Jones	8770 Oxfordshire Ave E	Add
		Jacksonville, FL 32218	∑ □ Remove
			Change
<u>AP</u>	Shery I White	501 Whits End	
	O .	Hinesville, GA 31313	_ i Remove
			Change
<u>AP</u>	Omar White	501 Whits End	🗆 Add
		Hinesville, GA 31313	Remove
			Change
			_□_Add &
		1	Remove
			Chan of
			1 30 30
			Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change

	·
_	
_	
_	
	- 10 10
_	
_	
-	30
_	
_	
(If an effective Note: I	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	8/1/2018 12:01a
	Signature of a member of a member
	Cherelle Jones Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00