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(F	Requestor's Name)	
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COVER LETTER

TO: **Registration Section Division of Corporations**

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MOM TO BE AND BEYOND LLC SUBJECT:

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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:

Tallahassee, FL 32314

	WILLIAM G RIVERA C	LAUDIO		
		Name of Person		
	CABINA CREATIVA LI	.C		
	<u> </u>	Firm/Company		
	PO BOX 471042			
	·····	Address		2
	KISSIMMEE, FL 34747			د د م ۱۰۰۰
		City/State and Zip Code		:
	POSTBOX@CABINACRI E-mail address: (TATIVA.CO to be used for future annual report notifi	cation)	به مور. مورد بر ا
For further information e	oncerning this matter, please c			.) e
WILLIAM G RIVERA	CLAUDIO	787 203-5318		
Name o	of Person	at () Area Code — Daytime	Telephone Number	
Enclosed is a check for the	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 Sta Certified Copy tadditional copy is et	nus &
Registi Divisio	ING ADDRESS: ration Section m of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	l i	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOM TO BE AND BEYOND ELC.

(Name of the Limited Liability Company as it now appears on our records.)
(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 FEBRUARY 5, 2018 and assigned Florida document number 148000032705

This amendment is submitted to amend the following:

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

CABINA CREATIVA LLC

The new name must be destinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:	3030 N. ROCKY POINT DR., STE 1504		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33607	`	_
		·;	_ :
Enter new mailing address, if applicable:	PO BOX 471042	r J	• • - 1 •
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34747		
		· <u>-</u>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		a <u>me_of²the</u>	new

Name of New Registered Agent:	NORTHWEST REGISTER	ED AGENT, LLC.
New Registered Office Address:	3030 N. ROCKY POINT D	R., STE 150A
	Enter Elocala street address	
	ТАМРА	. Florida ³³⁶⁰⁷
	City	/up Code

New Registered Agent's Signature, if changing Registered Agent:

Understy accept the appointment as registered agent and agree to act in this capacity. Unither agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lom 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. Thereby confirm that the limited liability company has been notified in writing of this change.

It Changeing Registered Agent. Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	WILLIAM RIVERA	PO BOX 471042	🛛 Add
		KISSIMMEE, FL 34747	Remove
			🖬 Change
AMBR	MARIO MUNIZ	PO BOX 471042	🗆 Add
	-	KISSIMMEE, FL 34747	Remove
			Change
			Add
			Remove
			Change
			Add
			C Remove
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			Change

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

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(optional) E. Effective date, if other than the date of filing: ____ (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 OCTOBER 1

2018

William G. Rivera Claudio Signature of a member or authorized representative of a member

WILLIAM G RIVERA CLAUDIO

Typed or printed name of signee

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Filing Fee: \$25.00