L18000062634

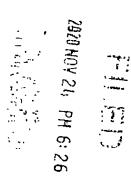
(Requ	estor's Name)	
(Addre	ess)	
(Addre	 ess)	
•	•	
(Civ.)	DA-A-171-1104	<u> </u>
(City/s	State/Zip/Phone #	·)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Name)
/Росси	ment Number)	
(2000	ment rumber)	
Certified Copies	Certificates of	f Status
Special Instructions to Fil	ina Officer:	
		ľ
<u> </u>		

Office Use Only



100355573531

11/24/20--01090--021 ++25.00



JAN 11 2021

S. YOUNG

COVER LETTER

TO: Registration Section **Division of Corporations** Cute Miami LLC SUBJECT: _ Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alejandro Felipe Caruso Name of Person Firm/Company 553 Bedford Ave. Address Weston, Florida, 33326 City/State and Zip Code pilarddd@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pilar Cerda 2523273626 Area Code & Daytime Telephone Number Name of Person **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company:		
(a)	1464 SPRINGSIDE DR WESTON, FL 33326	1464 SPRINGSIDE DR WESTON, FL 33326 (b)	
(4)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/09/2018		52634
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of th MARTIN-PORTUGUES, MERCEDES	ic Florida Dept. of St	1820 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Registered Office Address (MUST BE FLORIDA STREET A) 1464 SPRINGSIDE DR	DDRESS)	2020 NOV 24
	WESTON .FL	33346	_ PA 6:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> Alejandro Felipe Caruso <u>NEW Registered Office Address:</u> 553 Bedford Ave	Office address:	_ _
	WESTON, FL	33326	_
iange gent w as/we e artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the retill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	registered office a pility company, it the limited liabil imited liability co	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Ci.mat	ure of a member or authorized reproductive of a member	MERCE	EDES NARTW - PORTVG(E) Printed or typed name of signee
herek ovisie e obli mere	ov accept the appointment as registered agent and agree on a member on a member of all statutes relative to the proper and complete programment of my position as registered agent as provided for reflect a change in the registered office address. I he in writing of this change. ALE ANDRO (A12) The lattered Agent	e to act in this ca erformance of my for in Chapter 60 ereby confirm tha	macity. I further garee to comply with the

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)