L18000100287

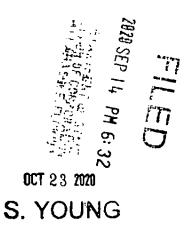
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

10:				
	CADA CO	ONSULT LLC	•	•
SUBJE	CT:			·
		Name of Lim	ited Liability Company	
The end	loand Amining of	Amondment and fee(a) are sub-	mitted for films	
			-	
Please n	eturn all correspo	ondence concerning this matter	to the following:	
		Juliana Mejia		
		Name of Person		
			Firm/Company	
		4093 Staghorn Lu,		
			Address	
		Weston, FI. 33331		
			City/State and Zip Code	
		· ·		
		E-mail address: (to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please c	all:	
Juliana	Mejia		954 937 7863	
			at ()	···
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CADA CONSULT, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on04/20/2018	3 and assigned
Florida document number L18000100287		3 3
This amendment is submitted to amend the following:		6: 32
A. If amending name, enter the new name of the lin	nited liability company here:	· N
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>. </u>
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. TO 11. 11. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		, Florida
	City	Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Juliana Mejia	114 NW 25TH ST MINDS COWORK MIAMI, FL 33127	
			□Add
			□Remove
			= Change
AMBR	Camila Mejia	4093 Staghorn Ln, Weston Fl 33331	⊡Add
			□Remove
			Change
			□Add
			□Rелюче
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			
			□Remove
			□Change

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