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COVER LETTER

TO: Registration Se Division of Cor	rporations					
	CAPIN	ARTS LLC				
SUBJECT:		nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ALTUR	CO ROJAS				
		Name of Person				
	TECNOR	PO ROJAS Name of Person PAVIA TUT'L. CORI	<i>e</i> .			
		Firm/Company				
	220 A	LHAMBRA CIRC	LE STE. 400			
		Firm/Company 220 ALHAMBRA CIRCLE STE. 400 Address				
	CORAL	City/State and Zip Code Via @ aol. com	33134			
		City/State and Zip Code	<u></u>			
	Tecnora	crici @ aol. com				
	E-mail address: (to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please c	all:				
ARTUR	eo ROJAS	at (<u>30 5</u>) <u>5 7</u> Area Code Daytime	9-0258			
Name o	of Person	Area Code Daytime	Telephone Number			
England in a should for al	ha Callandian managar					
Enclosed is a check for the	-					
\$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

CAPIO ARTS LLC 2019 SET 25 PH IN 17 (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 APRIL 5, 2019 and assigned Florida document number <u>L 18000147836</u> 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 abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

_, Florida ___

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

$MGR = \frac{1}{2}$ $AMBR = \frac{1}{2}$	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
AMBR	CAROLINA CAMERO	FIDALGO	190 Island Dr.	_X(Add
		KEY	190 Island Dr. BISCAYNE, FL.	Remove
			33149	Change
				🗆 Add
				🗆 Remove
		 .		Change
				D Add
				Remove
				Change
				_□ Add
				□ Remove
				□ Change
				□ Add
				🗆 Remove
				Change
				🗆 Add
				Remove
				_□ Change

** 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effect	tive date, if other than the date of filing: (optional) Tective 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 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
ne re The	cord 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	MIAMI SEPT. 18 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00