

L18000 191516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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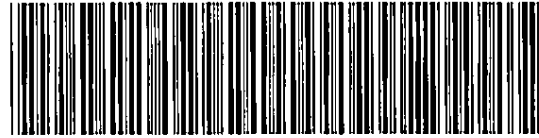
(Business Entity Name)

(Document Number)

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FILED
2019 APR 23 P 2 59
MALLARDVILLE, IOWA

MAY 02 2019

T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAJIGONA 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:

Jason Villalona

Name of Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY, 10801

City/State and Zip Code

agustin@vargasmanriquez.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Villalona

877 3302677
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 **FILED**
OF**

2019 APR 23 P 2 59

CAJIGONA LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~
(A Florida Limited Liability Company) **TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 08/08/2018 and assigned Florida document number L18000191516.

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:

15390 SW 20 ST

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33185

Enter new mailing address, if applicable:

15390 SW 20 ST

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33185

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:

ENRIQUE L COLINA

New Registered Office Address:

15390 SW 20 ST

Enter Florida street address

Miami

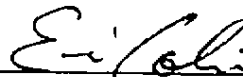
City

, Florida 33185

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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(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 entered in this block does not meet the filing date requirements, the date will be disregarded.

(b) The 90th day after the record is filed.

Dated April 10th 2019

AGUSTIN VARGAS - Authorized Representative

Typed or printed name of signee