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## **COVER LETTER**

TO: Registration Se Division of Cor				
	CAGIGAS FAMILY	HOLDING COMPANY, LLC	, ·	
SUBJECT:	Name of Lim	ited Liability Company	20 JAN 17	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	<u>ئ</u> چ	
Please return all correspo	ondence concerning this matter	to the following:		
	MARIELA CRUZ			
		Name of Person		
	CAGIGA	S FAMILY HOLDING COMPANY.	LLC	
Firm/Company				
	1	060 GRAND BAHAMA LN		
		Address		
	WE.	ST PALM BEACH, FL 33404		
	<del></del>	City/State and Zip Code		
		EXCAGIGAS@GMAIL.COM		
	E-mail address: (	to be used for future annual report notifica	ation)	
For further information of	concerning this matter, please c	all:		
ALEX C	CAGIGAS	561 436-9597 at ()		
Name C	of Person	Area Code Daytime T	Celephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	
Mailing Addre	Section	Street Address: Registration Secti Division of Corpo		
Division of C	=	The Centre of Tal		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAGIGA	S FAMILY HOLD	ING COMPANY, LL	.C	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on	03/05/2019	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1060 GRAND BAHAMA LN		
		WEST PALM BEACH, FL 33404		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1060 GRAND BA		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	ords, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	MARIELA CRUZ			
New Registered Office Address:	1060 GRAND			
	WEST PALM		street address	104
		City	, Florida <u></u>	Zıp 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 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>	Name	Address	Type of Action
MGR	MARIELA CRUZ	1060 GRAND BAHAMA LN, WPB, FL 33404	<b>=</b> Add
			□Remove
			□Change
MGR	ALEIRAM DE LAS CAGIGAS	3050 SHERWOOD FOREST BLVD, LW. FL 3346.	3 <b>≡</b> Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
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			□Change

. If amending any other information				
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Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	ne specific and cannot be prior to be does not meet the applicat	o date of filing or more than ole statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not	: to 605.0207 (3) be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the e	earlier of: (b) The 90th da	ey after the
Dated	\ \frac{2020}{\frac{1}{20}}			
S	ignature of a member or author	ized representative of a me	mber	
	MARII	ELA CRUZ		
	Typed or printed	I name of signee		

Filing Fee: \$25.00