L19000095392

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COVER LETTER

Divi	ision of Corp	orations			
SUBJECT:	CAPILLUS	HOLDINGS, LLC			
		Name of Limit	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon-	dence concerning this matter to	o the following:		
		Carlos Zarraluqui			
			Name of Person		
		CAPILLUS, LLC			
Firm/Company					
			Address		
Miami, FL 33126					
City/State and Zip Code					
		ezarraluqui@capillus.com			
		E-mail address: (to	o be used for future annual report	notification)	
For further in	formation co	ncerning this matter, please cal	II:		
Carlos Zarra	luqui		786 888-013 at ()		
	Name of	Person	Area Code Da	ytime Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling 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:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 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

CAPILLUS HOLDINGS, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{4/5/2019}{}$ and assigned
Florida document number L19000095392	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
CURALLUX HOLDINGS, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1715 N.W. 82 Avenue
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126
Enter new mailing address, if applicable:	1715 N.W. 82 Avenue
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33126
	# co 1016
B. If amending the registered agent and/or registered of	flice address on our records, enter the name of the nev
registered agent and/or the new registered office address her	- (m)
	3 3 0
Name of New Registered Agent:	78 F
New Registered Office Address:	100
	Enter Florida street 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			
			□ Remove
			Change
			Add
			□ Change
			ZOAUGE Z
			□ Add 22
			Change O
			☐ Remove
			Change
			
			□ Remove
			Change

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-	2019 JUN 21
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-	<u> </u>
-	date, if other than the date of filing: (optional)
(If an ef Note:	date, if other than the date of filing: (optional) (ve 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	ne 14
	it and his
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00