L19000105652

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly



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`		COVER LETTER		
TO: Registration Sc Division of Cor		, • •	200 	
	ACAL LLC		· .	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	JUAN DE LA TORRE, E	SQ		
		Name of Person		
	LAW OFFICES OF JUA	N DE LA TORRE PLLC		
		Firm/Company		
	135 W CENTRAL BLVD), SUITE 445		
	_	Address		
	ORLANDO, FLORIDA 3	280)		
		City/State and Zip Code		
	JUAN@DELATORRELA			
For further information c	E-mail address: (oncerning this matter, please c	(to be used for future annual report notifi call:	cation)	
JUAN DE LA TORRE.	ESQ	407 733-0640		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration 5		<u>Street Address:</u> Registration Sec	tion	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Ta	illahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number <u>L19000105652</u>	Liability Company	were filed on <u>4/17/2019</u>	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	<u>ility company here</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>		7362 Futures Drive, Unit 15		
		Orlando, Florida 32819		
Enter new mailing address, if applicable:		7362 Futures Drive, Unit 15		
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, Florida 32819		
B. If amending the registered agent and/or agent and/or the new registered office addre <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :	LAW OFFICE	S OF JUAN DE LA TORRE, PLEC RAL BLVD, SUITE 445 Enter Florida street address	the new registered	
	ORLANDO	, Florida ³²⁸⁰¹	 10	

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.

City

If Changing Regi of New Registered Agent nätu

Zip Code

and a set of the .

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>	Address	Type of Action
MGR	RAMIREZ GONZALEZ, JULIAN	233 SW 99 AVE, MIAMI, FL, 33174	🗆 Add
			Remove
			□Change
AMBR	RAMIREZ GONZALEZ, JULIAN	7362 FUTURES DRIVE, UNIT 15	■Add
		ORLANDO, FLORIDA 32819	🗆 Remove
			□Change
MGR	DUQUE ZAPATA, CARLOS A	233 SW 99 AVE, MIAMI, FL 33174	🗆 Add
			E Remove
		□Change	
AMBR	CALA FRANCO, LILIANA	7362 FUTURES DRIVE, UNIT 15	= Add
		ORLANDO, FLORIDA 32819	🗆 Remove
			□Change
			🗆 Add
			🖸 Remove
			DChange
			🗆 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	, , (
	5/1/22 (optional)
. Effectiv	
(If an effe	tive 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
<u>Note:</u> I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
docume	nt's effective date on the Department of State's records.
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord is file	
Dated_	May 14, 2021 . 2021
Dated_	in the second se
	Signature of a member or aution representative of a member
	JULIAN RAMIREZ GONZALEX (AMBR)
	Typed or printed name of signee

Filing Fee: \$25.00