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TO:

TO: Registration Se Division of Cor			
CUDICCT	CESAR AC	OSTA CANTINERO LLC	
SUBJECT:	Name of Lim	ited Liability Company	
Please return all correspondence	ondence concerning this matter	to the following:	
		Casar Acosta	
	,,	Name of Person	
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	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Casar Acosta Name of Person Fina/Company 6284 NW 186TH STAPT 206 Address HIALEAH, FL 33015 City/State and Zip Code marquezainvestments/@gmail.com F-mail address: (to be used for future annual report notification) rither information concerning this matter, please call: Cesar Acosta 786 6121708 Name of Person Area Code Daytine Telephone Number 15.00 Filing Fee Certificate of Status Certified Copy Certificate Corrificate Corrificate Certified Copy (additional copy is enclosed) Certificate doditional		
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	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: Casar Acosta Name of Person Firm/Company 6284 NW 186TH STAPT 206 Address HIALEAH, FL 33015 City/State and Zip Code marque/zainvestments/@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Acosta Acosta 786 Area Code Daytime Telephone Number a check for the following amount: Filing Fee \$30,00 Filing Fee & Certificate of Status Certified Copy (additional copy is enchased) Street Address: gistration Section Street Address: Registration Section		
			
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For further information of	concerning this matter, please c	alf:	
Cesar Acosta		at ()	
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Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Registration S Division of C The Centre o	Section Corporations f Tallahassee proe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L19000125146 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 of the limited Liability Company, the designation of the limited Liability Company.	
Florida document number L19000125146 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 2	
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	signed
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LC" or the abbreviation "LC" or the abbreviation above the contains the words "Limited Liability Company," the designation "LC" or the abbreviation above the contains the words "Limited Liability Company," the designation "LC" or the abbreviation above the contains the words "Limited Liability Company," the designation "LC" or the abbreviation above the contains the words "Limited Liability Company," the designation "LC" or the abbreviation above the contains the words "Limited Liability Company," the designation "LC" or the abbreviation above the contains the words "Limited Liability Company," the designation "LC" or the abbreviation above the contains the words "Limited Liability Company," the designation "LC" or the abbreviation above the contains the words "Limited Liability Company," the designation "LC" or the abbreviation above the contains th	
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Enter now principal offices address if applicable:	
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or the control of th	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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·	;
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 neagent and/or the new registered office address here:	w registere
Name of New Registered Agent:	
New Registered Office Address:	
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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