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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			
SURIECT:	CAELIS LLC.		
	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Adriana</u> K	Name of Person	
	CARILS	1.0	
	_ CHELIS C	LC. Firm/Company	
	10151 STRA	HTFORD POINTE AVE	<del>-</del>
	ORLANDO,	FLORIDA 32382 City/State and Zip Code Tagmail. Com to be used for future annual report not	<del>-</del>
	Caelis Connec	ta gmail. Com	ification)
For further information	concerning this matter, please ca		
	-		
Rony Mer	nendez	at (347) 224- Area Code Daytin	-75 <i>56</i>
Name	of Person	Area Code Daytin	ne 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)
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COUR Registration Secti Division of Corpo	on

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## TO ARTICLES OF ORGANIZATION OF

/Nume of the Limited I	iability Company as it now appears on our records.)
(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on June 6, 2019 and assigned
Florida document number <u>L 19001508</u>	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	α.
,	
(Principal office address MUST BE A STREET A	IDDRESS)
	·
Enter new mailing address, if applicable:	
<u>(Mailing address MAY BE A POST OFFICE BO</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the nee address here:  Adviana Kasican
	12 1 21 10 1
New Registered Office Address:	10151 Straitford Frinte Avenue  Enter Florida street address
	Quanto 32380
-	City Florida 32382 Zip Code
	ta sala sana

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

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rony Menondez	10151 Stratford Pointe Ave	. DAdd
	<b>3</b>	Orlando, Florida 32382	□ Remove
			Change
AMBR	Adriana Kosican	10157 Stratford Binte Ave.	
		Orlando, Florida 32382	☐ Remove
			Change
<del></del>			
			Remove
			Change
			🗆 Add
			Remove
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E. Effective (If an effective control of the contro	re date, if other than the date of filing: (optional) etive 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:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	10-21-00000 2019.
	Signature of a member or authorized representative of a member
	Adriana Kusican Typed or printed name of signee

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Filing Fee: \$25.00