## L19000 199 664

(Requestor's Name)
(Address)
(444.00)
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800333492108

08/22/19--01003--003 \*\*25.00

FILED
2019 AUG 22 AM 8: 49
SELFE OF THE BOOK SELFE

Y SULKER AUG 3 0 2019

## TO ARTICLES OF ORGANIZATION OF

CAPICHERA INVESTMENT,		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our re la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 08/06/2019	and assigned
Florida document number L19000199664	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 SE:
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ords, enter the name of the me
		工
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street a	ddress
		, 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 addedor removed from our records:

MGR = N AMBR = A <u>Title</u>	lanager .uthorized Member <u>Name</u>	Address	Type of Action
MGR	GIANONNI, FERNANDO M.	656 VERONA PL., WESTON, FL 33326	<b>d</b> Add
			Remove
			Change
		Remove	
			Change
		Add	
			Remove
			Change
		🗆 Add	
			Remove
			☐ Change
		Add	
		□ Remove	
			Change
		Remove	
			☐ Change

(if an o	ctive date, if other than the date of filing: 08/06/2019 (optional) effective 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 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	August, 20th , 2019
	Signance of a member or authorized representative of a member
	ANDREA ALVARADO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00