# 19000 232 817

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation			•	
SUBJECT: ROGER	CABRERA THE	Liability Company	PUNITATION (CC	
	nendment and fee(s) are submitt	·		
Please return all corresponde	ence concerning this matter to the	ne following:		
	Rocer	Name of Person	- R.A	
	0	Name of Person		
	الح م در درا	Firm/Company	-ERA	
	P.O. Box	56-67	144	
		Address		
	MiAmi.	FL	33256 wth.net report notification)	
	$\frac{1}{2}$	ity/State and Zip Code	<u> </u>	
-	1000 B	1 @ hells	wth.net_	
		used for future annual	report notification)	
	erning this matter, please call:			
Rober CA	IBRERA	at(_305)	Daytime Telephone Number	
Name of Pe	rson	Area Code	Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & [ Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status	
Mailing Address:		Street Ad	idress:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>し いりいこと3とら</u> りつ	were filed on c// / / / / / and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
CABRERA ROG	ER LLC.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	$\mathcal{L} A$
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/4. 3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name of the new registered
	, Florida
	City Zip Code
Now Designated Amenala Ciamana, 18 designation Designation of Amena.	

### 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
	N/A.		_ 🗆 Add
			_ □Remove
			_ Change
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Effective date, if other than the date of filing:  (aptional)  In effective date, if other than the date of filing:  In 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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  The 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 dis filted.  Signature of a member or authorized representative of a member  CACA A B RAMA											<u></u>	<del>-</del>
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Filing Fee: \$25.00