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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp		•	
SUBJECT: A	CA - SF G	roup LLC	•
<u> </u>	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Fabiar	1a VIIa	
	_	Name of Person	
	Ocean	Processing U	<u></u>
		Firm/Company	•
	2108 M	4E 123rd Stree	+
		Address	
	Horth	Miami, FL	33181
	Calainas	City/State and Zip Code	caccinc in En
	E-mail address: (City/State and Zip Code City/State and Zip Code Composition and City Code Composition and City Code Composition and City Code C	fication)
For further information co	ncerning this matter, please ca		·
Fabian	a vila	at (305) 766	-2912
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	r following amount:		
M \$25.00 Filing Fee	_	CSS 00 Billion Box &	☐ \$60.00 Filing Fee.
M 525.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 6327		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	2.2.
IACA-SF (snoup, UC	. 3:57
(Ame of the Limited Liability (A Florida	y Company a it now appear Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Co. Florida document number 1, 19,000,260,57	ompany were filed on	10 16 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company he	<u>ere</u> :
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	7108	esignation "L.L.C." HE 173 rd St. Miami, FL 33181
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2108 North	ME 123rd St. Midmi, FL 33181
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our r	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	A	
New Registered Office Address:	Enter Elec	rida street address
	isner vioi	
	City	Florida Zip Code
at the transfer of the transfe	1 4	

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>	Name	Address	Type of Action
MGR	Luis E. Apa	.	
			Remove
			□Change
			□Add
			Change
			□Add
			□Remove
			□Change
·			□Add
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a effective date is lis	ted, the date must be spec erted in this block does	ific and cannot be pri	or to date of filing or icable statutory fil	more than 90 days att	er filing.) Pursuant to 60 his date will not be lis)5,020 ited a
	date on the Departme					
ecord specifies a d is filed.	elayed effective date, b	out not an effective	time, at 12:01 a.m	on the earlier of:	(b) The 90th day after	er the
	c Vo	0				
ted June	. 6 411	<u>Loz</u>	<u>0</u> .			
7		$\Lambda \Lambda \Lambda$	\sim			
	Signatur	11 01 11 11 11 11 11 11 11 11 11 11 11 1	morized representati	ve of a member		

Filing Fee: \$25.00