L19000285555

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COVER LETTER

TO:	Registration Sec Division of Cor			· · · · · · •
	CA & CA L	LC		•
SUBJ	ECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The er	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleasc	return all correspo	ndence concerning this matter	to the following:	
		ELIZABETH M VARGAS	S	
			Name of Person	
			Firm/Company	
SANTA MARIA AVE STE 205-83366				
			Address	
			City/State and Zip Code	
	Address			
r c				neation
For fu	rther information c	oncerning this matter, please ca	aii:	
ELIZ	ABETH M VARGA	AS	713 609 9821 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	ne 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)

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

Street Address: 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

CA & CA LLC

(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/15/2019 and assigned	, n
Florida document number L19000285555		5
This amendment is submitted to amend the following:	No.	
A. If amending name, enter the new name of the limited liab	company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	3029 NE 188 ST 606	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33180	new registered
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 regi	 <u>stered</u>
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document	1
If Chai	inging 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
MBR	CARLOS SOTO GUEVARA	3029 NE188 ST 606	□Add
		MIAMI FL 33180	■Remove
			□Change
MBR	JORGE I SOTO GUEVARA	3029 NE188 ST 606	
		MIAMI FL 33180	FILED Change 3
			P □ Change
			ين .
			☐ Change
			□Add
			□ Remove
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tive date, if other than the fective date is listed, the date must It the date inserted in this bloment's effective date on the De	t be specific and cannot be pricock does not meet the appli	or to date of filing or more cable statutory filing	(optional t than 90 days after filing requirements, this date	•) Pursuant to 605 020
rd specifies a delayed effective iled.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
SEPTEMBER 8	2020	—· /)		
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