L19000285555

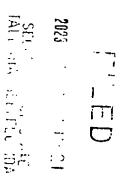
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COVER LETTER

TO: Registration Sec Division of Corp			
CA & CA I	LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	mendment and fee(s) are sub-		
Please return all correspon	dence concerning this matter (to the following.	
	ERIC RIVERA		
		Name of Person	-
		Firm/Company	-
	6701 SW 48TH TERRACI	E	_
		Address	-
	MIAMI, FL 33155		
		City/State and Zip Code	2023 :
	E-mail address: (t	to be used for future annual report notification)	; i
For further information co	ncerning this matter, please ca	all:	, I
ERIC RIVERA		all: 55 804-8347 57 57 57 57 57 57 57 57 57 57 57 57 57	- 0
Name of	Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &

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 Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/15/2019 and assigned Florida document number __L19000285555 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3255 NE 184 ST, 12-205 Enter new principal offices address, if applicable: AVENTURA, FL 33160 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

New Registered Agent's Signature, if changing Registered Agent:

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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.

Cin

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
MBR	RICARDO SOTO GUEVARA R.	3255 NE 184 ST, 12-205	⊟ ∧dd
		AVENTURA, FL 33160	□Remove
			☐ Change
MBR	CARMEN RIVERA DE SOTO G.	3255 NE 184 ST, 12-205	를 Add
		AVENTURA, FL 33160	□Remove
			□ Change
			□ Add ASE SE DRemove
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			Remove
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			□Change
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			□Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date interest. If the date increased in this blook date is a second in this blook date.	(optional)
to the date inserted in this prock does not meet the applicable s	statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, a d is filed.	t 12:01 a.m. on the earlier of: (b) The 90th day after t
Dated DECEMBER 6, 2022	
,	
Symanic of a member or authorized	representative of a member