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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	CAK, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Rubi Garcia		
		Name of Person	
		Finn/Company	
	7911 NW 69th Terrace		
	Tamarac, FL 33321	Address	
	rubidelafuente@gmail.com	City/State and Zip Code	
		to be used for future annual report noti-	fication)
For further information Rubi Garcia	n concerning this matter, please c	all: at (386) 956 - Area Code Daytime	- 9106
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addı</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of P.O. Box 6.	Corporations . 327	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALMECAK, 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 ______ and assigned 1.20000036666 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aguadora, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 City 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 atal 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
		 	□Add
			□Remove
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(lf an ef) <u>Note:</u>	tive date, if other than the date of filing: [Goptional] [Goptional]	g.) Pursuant to 605.0207 (3
he recor ord is ti	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Titled.	he 90th day after the
Dated	January 21st 2021	
	Lulridan	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00