

L20 000 128817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

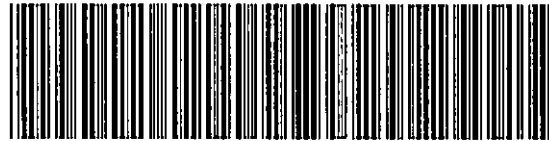
(Business Entity Name)

(Document Number)

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06/01/20--01012--015 **25.00

2020 JUN 1 1 PM 4:03

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JUN 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Calique Renovations LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keenxy Chirino
Name of Person

Calique Renovations, LLC
Firm/Company

4252 Tillian Dr
Address

Jax FL 32210
City/State and Zip Code

Keenxy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keenxy Chirino at (904) 600 9661
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Cacique Renovations LLC

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

2020.11.11 - 1 PM 4:03

The Articles of Organization for this Limited Liability Company were filed on 5-12-2020 and assigned
Florida document number L20000128817

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Same

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.

Heeney Chiu

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>	<u>Address</u>	<u>Type of Action</u>
<u>vi</u> <u>AMBR</u>	<u>Josvany De la Torre</u>	<u>4252 Jillian Dr</u>	<input type="checkbox"/> Add
		<u>Jax Fl 32210</u>	<input checked="" type="checkbox"/> Remove
		<u>person action</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Eselle M Chirino</u>	<u>4252 Jillian Dr</u>	<input type="checkbox"/> Add
		<u>Jax Fl 32210</u>	<input checked="" type="checkbox"/> Remove
		<u>AMBR</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Keenxy Chirino</u>	<u>4252 Jillian Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Jax Fl 32210</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Eselle M Chirino</u>	<u>4252 Jillian Dr</u>	<input type="checkbox"/> Add
		<u>Jax Fl 32210</u>	<input checked="" type="checkbox"/> Remove
		<u>Signature</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

When file for business file
incorrectly the owner is Keenxy
Chirino Please Remove all other
listed bank institutions only want
owner listed. Thanks

E. Effective date, if other than the date of filing: 0 (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05/28, 2020

Keenxy Chirino
Signature of a member or authorized representative of a member

Keenxy Chirino
Typed or printed name of signee