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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GENERAL SOLUTIONS INC

Account Number : I20140000086

Phone

: (305)255-3310

Fax Number

: (305)255-3320

**Enter the email address for this business entity to be used for future ≋ annual report mailings. Enter only one email address please ** €

Email	Address:	 -بات
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CABALGAR LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. CABALGAR LLC		•		
(Name of the Lim	ited Liability Comp (A Florida Limited	нду на it now прредск о Liability Company)	n our reçords.)	
The Articles of Organization for this Limited I Florida document number L20000183235	Liability Company	/ were filed on <u>06/24</u>	/2020	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited list	oility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applie	cable:	901 Brickell Key B	lvd Apt 3003 Miami Fl	orida 33131
(Principal office address MUST BE A STREE	T ADDRESS)		_	
	٠			
Enter new mailing address, if applicable:		901 Brickell Key B	Ivd Apt 3003 Miami Fl	orida 33131
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent:			rds, <u>enter the name o</u>	of the new registe
New Registered Office Address:	901 BRICKEL	L KEY BLVD APT 30	203	£1.3
	MIAMI	Enter Florida	Areet address, Florida 3313	- 7
		City	, 1 101100	Zip*Code
New Registered Agent's Signature, if changing l	Registered Agent:		· ·	2: 4:
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my provided for in Cha	duties, and I am fan pter 605, F.S. Or, if	niliar with and this document is

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARCOS CABRAL	495 BRICKELL AVE. APT 3005MIAMI, FL 33131	DAdd
			= Remove
			Change
MGR	ALBURQUERQUE, JOSE	7372 SW 163 COURT MIAMI, FL 33193	□Add
			≣Remove
			□ Change
MGR	EDUARDO DIAZ CORONA	3632 STEWART AVE. MIAMI 33133	🗏 Add
			□ Remove
			Chunge
MGR	EDUARDO VALLEJO	801 BRICKELL KEY BLVD # 1912 MIAMI, FL 33	11: BAdd
			□Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ DChange
			_ □Add
			_ 🗆 Remove
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lf an effec <u>Note:</u> If	e date, if other than the date tive date is listed, the date must be sp the date inserted in this block do it's effective date on the Departn	ecific and cannot be prior oes not meet the applic	cable statutory filing r	(optional) than 90 days after filing, equirements, this date) Pursuant to 605,020
		but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
e record :	specifies a delayed effective date.	, our not all entering t			
e record : rd is filed	specifies a delayed effective date. d. ANAURY 31	2023			
e record : rd is filed	J .				
e record : rd is filed	I. ANAURY 31		orized representative of	a member	

Filing Fee: \$25.00

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