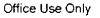
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R. HUNT

STATE STATE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CIID II CVI	08 Enterprises, LLC		
DODULCT.	Name of Lis	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for tiling.	
Please return all correspondent	ondence concerning this matte	r to the following;	
	Javon McQuaker		
		Name of Person	
	Cuevas 5808 Enterprises,	LLC	
	5808-15 Normandy Boule	evard	2922
		Address	
	Jacksonville, FL 32205		<u> </u>
		City/State and Zip Code	—————————————————————————————————————
	javonmequaker@gmail.cor		cation)
		(to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please o	all:	
Javon McQuaker		904 572-9414 at ( )	
Name o	f Person	<del></del>	Telephone Number
Enclosed is a check for the	ne following amount:		·
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cuevas 5808 Enterprises, LLC		
(Name of the Lin	nited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited	Liability Company were filed o	n 4/12/2021 and assign
Florida document number L21000167536	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compar	ny 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 appl	icable:	
Principal office address MUST BE A STRE	(ET ADDRESS)	
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	<del></del>	
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Enter new mailing address, if applicable:		SC > (i)
Mailing address MAY BE A POST OFFICE	E BOX)	i si si
	<del></del>	L N
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on o	ur records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	Javon Mcquaker	
New Registered Office Address:	5808-15 Normandy Boulevar	d
	Enter	Florida street address
	Jacksonville	, Florida 32205
		. PJOEIGR

## 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.

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 to removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
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Effective date, if other than th	e date of filing:	6/10/2022		(optional)	
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Filing Fee: \$25.00