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(Requ	estor's Name)	
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## **COVER LETTER**

SUBJECT: Cari	6000 C11	ieus LLC				
	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspor	idence concerning this matter	to the following:				
·		C				
	Frank	Diaz				
		Name of Person	<del></del>			
Caribbean lineus LLC						
Firm/Company						
	8835 52NZ	o St N				
		Address	<del></del>			
	PINEllas	Park, FL	33782			
		City/State and Zip Code				
Pinellas Park, FL 33782  City/State and Zip Code  fronk dd 23760 gmail · Com  E-mail address: (to be used for future annual report notification)						
			notification)			
For further information co	neerning this matter, please ca	all:				
FRONK	Diaz	at ( <u>595)</u> 43 ·	-4824			
Name of	Person	Area Code Day	time Telephone Number			
Enclosed is a check for the	•					
≰ \$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)			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

221 JUN 18 PH 1: 25 Caribean Cincus 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  $\frac{04/13/2021}{2021}$  and assigned Florida document number 621000 171137 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Caribbean Cincus LLC

The new name must be distinguishable and comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: FRANK DIAZ

8835 52Nd St N

Emer Florida street address Name of New Registered Agent: New Registered Office Address: PINELLOS PORK Florida 33782

## 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.

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

发21JUN 18 PH 1: 26

<u>Title</u>	<u>Name</u>	Address		Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00