## 121000218030

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## **COVER LETTER**

	Registration Se Division of Cor			
\$110 107	CABRO G	ROUP, LLC		
SOBJEC		Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		KEVIN REDLING		
			Name of Person	<u> </u>
		HARDING BELL INTER	NATIONAL, INC.	Daytime Telephone Number  Solution Section Sec
			Firm/Company	<del></del>
		113 PONTOTOC PLAZA		
		<u> </u>	Address	
		AUBURNDALE, FL 3382	23	
			City/State and Zip Code	<del>1 - \**</del>
		CLIENTSERVICES@HB		
			to be used for future annual report no	(incation)
For furthe	er information c	oncerning this matter, please or	aff:	
KEVIN I	REDLING		863 968-1010	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CABRO GROUP, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on MAY 10, 2021	and assigned
Florida document number L21000218030	<u>_</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLt" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		r the name of the n
registered agent and/or the new registered office add	ress nere:	i c
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	
<del></del>	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JUDY CABREL	119 PINE LAKE VIEW DRIVE	
		DAVENPORT, FL 33837	■ Remove
		<del></del>	Change
AMBR	JUDY CABRAL	119 PINE LAKE VIEW DRIVE	■ Add
		DAVENPORT, FL 33837	□ Remove
			Change
			☐ Remove
			Change
		<del></del>	Remove
			Remove
			🗖 Change
			Remove

		<u> </u>	<u> </u>	
		-		
-			···	
			<del> </del>	
ective date, if other than the effective date is listed, the date in e: If the date inserted in this beament's effective date on the beament's	ust be specific and cannot be p block does not meet the ap	orior to date of filing or r plicable statutory filit	(optional) nore than 90 days after filing.) I ng requirements, this date w	Pursuant to 605.020 iH not be listed a
record specifies a delaye he 90th day after the re		not an effective	time, at 12:01 a.m. o	n the earlier o
June 1ST	2021			
	100			

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Typed or printed name of signee

Filing Fee: \$25.00