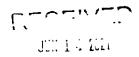
## L21000265749

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration S Division of Co			
CAPACH.	A305. LLC		:
	Name of Lit	mited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	FERNANDO PIRELA		
		Name of Person	<del></del>
			1- (, ) (-)
		Firm/Company	( ;
	6439 NW 82ND AVE		 
	<del></del>	Address	
	MIAMI FL 33166		
	cachapa305@gmail.com	City/State and Zip Code	· :. ·
For further information c	E-mail address: concerning this matter, please c	tto be used for future annual report notel	ication)
FERNANDO PIRELA		786 304-3240	
Name o	t Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	tion
Division of C	orporations	Division of Corp	ocrations
P.O. Box 632 Tallahassee, I		The Centre of Ta 2415 N. Monroe	ıllahassee Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPACHA305, 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 06/08/2021 \_\_ and assigned Florida document number  $L^{2100026574}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CACHAPA305, LLC The new name must be distinguishable and contain 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Cin

, Florida

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Remove
			□Remove
			□Remove
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ective date, if other than the effective date is listed, the date mu	e date of filing:	unnot be prior to de	we of filing or name that	(optional)	Pursuant to 605 020
e: If the date inserted in this b ument's effective date on the E	lock does not med	et the applicable	statutory filing requ	rements, this date w	fill not be fisted a
cord specifies a delayed effective filed.	'e date, but not ar	i effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
JUNE 08 	<del></del>	2021			
	)I				
	Mignature a me	mber or authorized	d representative of a me	ember	

Filing Fee: \$25.00