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COVER LETTER

TO:	Registration Se Division of Cor			
	CAVIAL 12	NTERPRISE		
SUBJECT: Name of Limited Liability Company				
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		MARCELA MACIAS		
			Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		14132 SW 166TH TERR		
			Address	
		MIAMI, FL 33177		
		MANAGER.CAVIAL@GN	City/State and Zip Code IAH_COM	
		E-mail address: (to be used for future annual report notif	ication)
For fun	ther information c	oncerning this matter, please c	all:	
MARC	ELA MACIAS		786 4843768	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for the	he following amount:		
☐ \$2:	5,00 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

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) CAVIAL ENTERPRISE The Articles of Organization for this Limited Liability Company were filed on JULY 07, 2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company 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 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 _, Florida ___

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				
<u>Title</u>	Name	Address NIG 16 PH 1: 11 14132 SW2166TH TERR MIAMI, FL33177	Type of Action	
AMBR	CARLOS GARZON	14132 SW206717 TERR MIAMI, FL 33177	🖸 Add	
			∃ Remove	
			□Change	
AMBR	VIVIANA MELO	14132 SW 166TH TERR MIAMI, FL33177	□ Add	
			□Remove	
			⊆ Change	
AMBR	MARCELA MACIAS	14132 SW 166TH TERR MIAMI, FL 33177	□Add	
			□Remove	
			= Change	
			□Add	
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	JULY 07, 2021
fective date, if other than the	date of filing: (optional)
an effective date is listed, the date must lote: If the date inserted in this blo	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 ock does not meet the applicable statutory filing requirements, this date will not be listed as the
ocument's effective date on the De	
record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
AUGUST 2	2021
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1.1	nela Halo Signature of a member or authorized representative of a member
Mai	nela Hab
	asguardic of a member of anthorized representative of a member
MARCELA MACIAS	
 	Typed or printed name of signee