## 121000383516

(Re	questor's Name)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

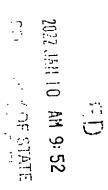
Office Use Only

A. RIVERS
JAN 2 1 2022



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01/10/22--01009--022 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporation (Corporation)			
SUBJECT / ABIO	ESTREILA LIC		
SUBJECT: <u>LA BIO</u>	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	ANKO V 1/2	Z/ATE/GUT	
		Name of Person	
		N: (O	
		Firm/Company	
	1060 BRUKE	L AVE UNIT ZOS	
		Address Address	<del></del>
	_	_	
	MIAMI, FL 33	13) City/State and Zip Code	
	E-mail address (	to be used for fature annual report notif	ication)
			,
For further information con	cerning this matter, please ca	iti,	
AIKO V. UZCAT	7 F G U Ī.	at (786 ) 284-99	964
Name of P	erson	at ( <u>786</u> ) <u>384-99</u> Area Code Daytime	Telephone Number
Past and in a about for the	Callandina amazar		
Enclosed is a check for the	_	_	
S25.00 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:		Street Address:	
Registration Se	ction	Registration Sec	etion
Division of Cor	porations	Division of Corp	
P.O. Box 6327 Tallahassee, FL	32314	The Centre of T	allahassee e Street, Suite 810
rananassee, fil	. J_J [T	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAIDIUESTRELLA LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L21000383516}$ .		_ und 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 Contains the words" "Limited Liability "Liability "Liability "Liability "Liability "Liability" "Liability "Liability" "Liability "Liability" "Liabi	Company," the designation "LLC" or the abbre	viation "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 add agent and/or the new registered office address here:	ress on our records, enter the name o	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address /	2022
	, Florida	Zin Ende
New Registered Agent's Signature, if changing Registered Agent:		. —
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	formance of my duties, and I am <b>fan</b> vided for in Chapter 605, F.S. Or, if j	cto comply with the uliar with and ons document is

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
		<del></del>	□Remove
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			□Change

Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated   January   Signature of a member of authorized representative of a member						<u>-</u> -		<u> </u>	
Effective date, if other than the date of filing:  [Optional]  [In an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  [Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  [Dated January 6 2032								<u></u>	
Iffective date, if other than the date of filing:    (optional)	<del></del>		<u>.                                    </u>						_
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Dated January 6th 2022.	Note: If the date inserted	in this block doe	s not meet	the applicab	date of filing ole statutory	or more than 90 filing requires	(option 0 days after fil ments, this d	al) ing.) Pursuant to ate will not be	605.0207 ( listed as t
Signature of a member or authorized representative of a member	d is filed.					.m. on the ear	rlier of: (b)	The 90th day	after the
Signature of a member or authorized representative of a member	Dated January	6 th	<u></u> .	2022	_•				
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Filing Fee: \$25.00