

121000403703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

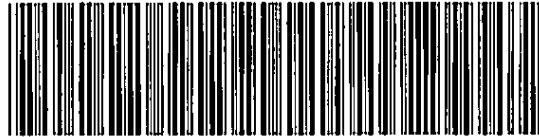
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FILED
2021 OCT -1 AM 5:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CESACO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABDIAS CESAIRE

Name of Person

CESACO LLC

Firm/Company

3247 ANTICA ST.

Address

FORT MYERS, FL 33905

City/State and Zip Code

ABCESAIRE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABDIAS CESAIRE

Name of Person

239 200 5459
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

2021 OCT -1 AM 5:45

CESACO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on the 13th of September, 2021 and assigned
Florida document number L21000403703.

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

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Abdias Cesaire	3247 Antica St.	<input checked="" type="checkbox"/> Add
		Fort-Myers, FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Abdias Cesaire	3247 Antica St	<input checked="" type="checkbox"/> Add
		Fort-Myers, FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Abdias Cesaire	3247 Antica St	<input type="checkbox"/> Add
		Fort-Myers, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amors Cesaire	139 Rommy Brisamar	<input checked="" type="checkbox"/> Add
		Zona Franca De las Americas	<input type="checkbox"/> Remove
		Santo Domingo Este, Dom. Rep 11606	<input type="checkbox"/> Change
AMBR	Alonzo Henry Ceant	137 Rommy Brisamar	<input checked="" type="checkbox"/> Add
		Zona Franca Delas Americass	<input type="checkbox"/> Remove
		Santo Domingo Este, Dom. Rep 11606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 (3)(b)

If 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 record is filed.

Dated September 28th, 2021

Handwritten signature
Signature of a member

Signature of a member or authorized representative of a member

ABDIAS CESAIRE

Typed or printed name of signer

Filing Fee: \$25.00