122000061248

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Solution of Co			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Corporations		
Please return all correspondent	ondence concerning this matter	to the following:	
	DAVID G. CACIQUE		
		Name of Person	.
	CACIQUE UTILITIES LI	.C	
		Firm/Company	
	3922 NEW VELENCIA		
		Address	
	GREENACRES, FL 3346	7	
		City/State and Zip Code	
	- -		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
DAVID G CACIQUE			
Name (of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration	Section	Registration Se	
Division of C P.O. Box 633	•		•
Tallahassee,			oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CACIQUE UTILITIES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company florida document number L22000061248	were filed on 04/24/2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	FIL 4 APR 30 1 MAY 1 MASSER
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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>	Type of Action
AMBR	JOSE G. CACIQUE PIZANO	1191 BARNHORST RD	□Add
		BARTOW, FL 33830	■Remove
			□Change
AMBR	MIGUEL CACIQUE ALVAREZ	1191BARNHORST RD	■Add
		BARTOW, FL 33830	🔲 Remove
			Change
AR	DAVID G. CACIQUE	3922 NEW VELENCIA	□Add
		GREENACRES, FL 33467	□Remove
			□Change
			□Add
			□Remove
			□Change
185	· ·		🗖 Add
			□Remove
		 	□ Change
			□Add
			□Remove
			□Change

N/A			<u></u>					
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		04/24/	/2024					
fective date, if other than than effective date is listed, the date mu	e date of fi	ling:		of filing or n	ore than 90 d	_(option:	al) ing) Pursuanti	to 605 0207
ote: If the date inserted in this b	lock does n	ot meet the a	applicable si					
cument's effective date on the I	Department (of State's re	cords.					
								а.
ecord specifies a delayed effecti is filed.	ve date, but	not an effec	uve time, at	12:01 a.m.	on the earlie	r of: (b)	The 90th day	y after the
APRIL 24		2024						
ted	 -	1	·					
X2		•			of a member			
	<i></i>							

Typed or printed name of signee