

L22 00000 61248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

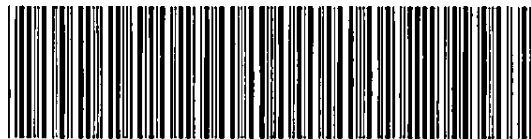
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CACIQUE UTILITIES 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:

DAVID G. CACIQUE

\_\_\_\_\_  
Name of Person

CACIQUE UTILITIES LLC

\_\_\_\_\_  
Firm/Company

3922 NEW VELENCIA

\_\_\_\_\_  
Address

GREENACRES, FL 33467

\_\_\_\_\_  
City/State and Zip Code

DAVID@CACIQUEUTILITIES.COM

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

For further information concerning this matter, please call:

DAVID G CACIQUE

954  
at ( )

594-0626

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

**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	JOSE G. CACIQUE PIZANO	1191 BARNHORST RD	<input type="checkbox"/> Add
		BARTOW, FL 33830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MIGUEL CACIQUE ALVAREZ	1191BARNHORST RD	<input checked="" type="checkbox"/> Add
		BARTOW, FL 33830	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	DAVID G. CACIQUE	3922 NEW VELENCIA	<input type="checkbox"/> Add
		GREENACRES, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: 04/24/2024 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 APRIL 24 2024

Signature of \_\_\_\_\_

DAVID G. CACIQUE PIZANO

Typed or printed name of signee