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T. MATTHEWS MAY 2 0 2022

· COVER LETTER

	Registration So Division of Cor					
CUBIEC		s Gardenias LLC				
SUBJEC	1;	Name of Lim	nited Liability Company			
The enclo	osed Articles of	Amendment and fec(s) are sub	emitted for filing.			
		ondence concerning this matter				
		Yani Gil				
		• • • • • • • • • • • • • • • • • • • •	Name of Person			
		Casteleiro Network LLC				
		-	Firm/Company			
		1350 SW 57 Ave. Suite 10	01			
			Address	· · ·=		
		Miami, Florida 33144				
			City/State and Zip Code	· · · · · ·		
		yani@casteleironetwork.com				
			to be used for future annual report n	otification)		
For furthe	er information c	oncerning this matter, please c	all:			
Yani Gil			305 978-0622 at ()			
	Name o	f Person		ime Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	00 Filing Fec	■ \$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 Addres Registration S		Street Address: Registration S			
I	Division of C	Corporations	Division of C	Division of Corporations		
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF SECRETARY

(SECRETARY OF STATE OIVISION OF CORPORATIONS

Paraiso Dos Gardenias LLC

company has been notified in writing of this change.

22 APR 18 AM 9: 59

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

The Articles of Organization for this Limited	ciaointy Company	were med on		and assigned
Florida document number L22000090106	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
n/a				
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		n/a		
(Principal office address MUST BE A STRE	ET ADDRESS)			
				_ .
		n/a		
Enter new mailing address, if applicable:				1211
(Mailing address MAY BE A POST OFFICE	E BOX)			
				
B. If amending the registered agent and/or	_	address on our rec	cords, <u>enter the na</u>	ime of the new registered
agent and/or the new registered office addr	ess here:			
	,			
Name of New Registered Agent:	n/a		<u></u>	
New Registered Office Address:	n/a			
. Town to get the control of the con		Enter Florid	la street address	
		, Florida		
		City	, . 1011da _	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>.</u>		
I hereby accept the appointment as register	rad agant and ag	ree to act in this c	anacity I furthar.	aaree to comply with the
provisions of all statutes relative to the pro				
accept the obligations of my position as re	gistered agent as	provided for in Cl	hapter 605, F.S. C	Or, if this document is
being filed to merely reflect a change in the	e registered office	e address, I hereby	confirm that the	limited liability

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>	Address	Type of Action
AMBR	Michel Fernandez Lopez	7450 W 14 Ct	
		Hialeah. Florida	■Remove
			□Change
AMBR Michel Leon Fernandez	7450 W 14 Ct	≌Add	
		Hialeah, Florida	□Remove
		_	
			□Add
			\ _Remove
			□Change
			□Add
			□ Remove
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			Change

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	. _		 -		•
Effective date, if other than the ot	iust be specific and block does not r	d cannot be prior t nect the applica	o date of filing or mor	e than 90 days after fili:	ng.) Pursuant to 605.0207 (.
e record specifies a delayed effectrd is filed.	ive date, but not	t an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
		2022			
Dated April 08		,	_ ·		
Dated April 08	ľ	,	_ ·		
Dated April 08	ľ	,	rized representative o	f a member	