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SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	F Bental	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexander	Manuel Figuere Name of Person JLC	o Abrev
	(A=	Renta 1110 Firm/Company	
	13014 Pra	irie Meadows	Dr_
		L 32837 City/State and Zip Code	
	Ca+Rent Car E-mail address: (1	o outlook. Con	nication)
For further information c	oncerning this matter, please ca	all:	
Alexander M Name o	anuel Figueren A	hred at (808) 49 < Area Code Daytime	7-4420 Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(At Kental	LLC.	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 18 1948</u> .	were filed on April 15 2022 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab CA+ Group LLC The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	974 N Magnolia AVe Svite 2020Unit #5314 Orlando, #6 32803	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	924 N Magnolia Ave Suite 202, Unit #5314 Orlando, FL 32803	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	 -	₫
Name of New Registered Agent:	SEGNANOV 2	
New Registered Office Address:	> <u> </u>	
	Enter Florida street address SO P Florida - Fl	
	City Zip 20de	

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 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
MGR	Cristy TeJeda	5214 tycon Ranch N	Add X Add
	•	5214 tyson Range De Orlando FL 32824	□Remove
			⊐Add
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Note: If th	date, if other the date is listed, the date inserted in seffective date or	this block doc	s not meet th	e applicable	te of filing or mo statutory filing	(o re than 90 days a requirements.	ptional) after filing.) Purs this date will	uant to 605.0207 (not be listed as t
e record spord is filed.	ecifies a delayed	effective date. I	out not an ef	fective time.	at 12:01 a.m. o	n the earlier of	(b) The 90t	h day after the
Dated	11/18		<u>. 2</u>	024				
		t)				
		Signatu	re of a membe	r or authorized	representative of	f a member		
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