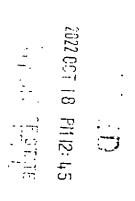
422000384216

(Requestor's Na	me)
(Address)	
(Address)	
(City/State/Zip/P	hone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	ber)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer	
Office Us	Only



400395880704

10/18/22--01024--013 **30.00



A. BUTLER
JAN 1 1 2023

COVER LETTER

SUBJECT: CAVICACIO CANCE SAVICE UC- 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: Autolio Timage Tabaka	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	•
Marolin Timorez Faharto	
Name of Person	
Firm/Company	
150 Orsh (N Address	
Tampa FL 33615 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (95) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCErtified Copy (additional copy is enclosed) S60.00 Filing Fee SCERTIFIED 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	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF
Cac	1010-105 Clooner Sorgies, U.C.
(<u>Nar</u>	ne of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	is Limited Liability Company were filed on Florida assigned and assigned 2000 384 216.
This amendment is submitted to an	nend the following:
A. If amending name, enter the	new name of the limited liability company here:
The new name must be distinguishable ar	d contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices addr	Tawkh N 2201
(Principal office address MUST B	EASTREET ADDRESS) (UNIV + 1 22015
Enter new mailing address, if ap (Mailing address MAY BE A POS	
B. If amending the registered agagent and/or the new registered	ent and/or registered office address on our records, <u>enter the name of the new registere</u> office address here:
Name of New Registered New Registered Office A	Agent: Mayelin Jimonez Echarte
New Registered Agent's Signature,	if changing Registered Agent:
provisions of all statutes relative accept the obligations of my pos-	as registered agent and agree to act in this capacity. I further agree to comply with the to the proper and complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 605, F.S. Or, if this document is ange in the registered office address, I hereby confirm that the limited liability iting of this change.

If Changing Registered Agent. Signature of New Registered Agent

If amending or removed f	Authorized Person(s) au rom our records:	thorized to mana	ge, <u>enter the title, nam</u>	e, and address of each	person being added
MGR = Ma					
<u>Title</u>	Name		Address		Type of Action
am be	Mayelin Ji	MAZZ	150 Dosh 33615.	LN Tampa	R XIAdd
	,				□Remove
					Change
					□Add
					□Remove
				-	🗆 Add
				<u> </u>	□ Remove
					☐ Change
					□Add
					□Remove
					□Change
					□Add
					□ Remove
					□ Change
<u> </u>					□Add
					Remove
					□Change

	.	
		
	<u></u> .	
_		
- ·		
factive d	ate if other than	the date of filing: (optional)
i 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 605.020
		is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
ecord spe is filed.	ecifies a delayed effe	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med.	~ 11	
ted	(App21	10 . 7078.
··· <u></u>	= 1,.10#K ***	Mart
		Signature of a member or authorized representative of a member
-		
-	\cap	Signature of a member or authorized representative of a member