Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPAG REGISTERED AGENTS (USA), INC.

Account Number : I20220000185

Phone

: (305)358-7872

Fax Number

: (305)402-3898

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empi 1	Address:	miaservices@corpag.com
ZMOTT	MUUI 6331	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CABELLO INVESTMENTS LLC

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11/29/2022 11:43:14 AM PAGE 1/001 Fax Server

From: Enrique Travi



November 29, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

CABELLO INVESTMENTS LLC 2857 NE 32ND ST STE 6 FORT LAUDERDALE, 33306

SUBJECT: CABELLO INVESTMENTS LLC

REF: L22000389702

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calī (850) 245-6939.

Agnes Lunt Regulatory Specialist III

Letter Number: 822A00026269

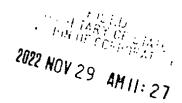
FAX Aud. #: H22000399578

COVER LETTER

13054023898

	Registration Sec Division of Corp			
OUB IEC	CABELLO	INVESTMENTS LLC		
SUBJEC	.1:	Name of Limi	ited Liability Company	
The encle	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		ANDREA GONZALEZ		
			Name of Person	
		CORPAG REGISTERED	AGENTS (USA), INC.	
			Firm/Company	
		999 BRICKELL AVE, SU	TTE 820	
			Adoress	
		MIAMI, FL 33131		
			City/State and Zip Code	
		MIASERVICES@CORPA	G.COM to be used for future annual report notif	direction)
For furth	ier information ca	oncerning this matter, please co		,
	EA GONZALEZ		305 358-7872	
	Name o	l'Person	Area Code Daytime	e Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$ 25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CABELLO INVESTMENTS LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited)	my as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited I Florida document number <u>L22000389702</u>	Liability Company	were filed on <u>09/06/2022</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the designation	"LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		999 BRICKELL AVE	
		SUITE 820	
		MIAMI, FL 33131	
Enter new mailing address, if applicable:		999 BRICKELL AVE	
(Mailing address MAY BE A POST OFFICE	: <i>BOX)</i>	SUITE 820	
		MIAMI, FL 33131	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	CORPAG REGISTERED AGENTS (USA), INC.		, INC.
New Registered Office Address:	999 BRICKELI, AVE, SUITE 820		
	Enter Florida street address		ddress
	MIAMI		Florida ³³¹³¹
		Cay	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:

MCK =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
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Effective date, If other than the dat	e of filing:		(optional)
Effective date, If other than the dat If an effective date is listed, the date must be: Note: If the date inserted in this block	specific and cannot be prior!	to date of filing or more than	90 days after filing.) Pursuant to 605.0207 ements, this date will not be listed as
document's effective date on the Depar	tment of State's records.	<u></u>	
e record specifies a delayed effective dand rd is filed.	te, but not an effective tit	me, at 12:01 a.m. on the e	earlier of: (b) The 90th day after the
Dated NOVEMBER 25TH	2022	CLAUDIA PA	OLA Firmado digitalmente por
Dated		CABELLO	CABELLO CAROCA
		CAROCA prized representative of a nice	Fecha: 2022.11.28 09:39:27 -03'00'