

L23000013894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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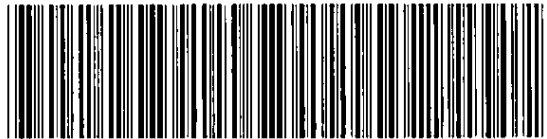
(Business Entity Name)

(Document Number)

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Y. SCOTT

OCT 15 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CABAL CONSTRUCTIONS, 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:

RAUL M. MERCADO

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

CABAL CONSTRUCTIONS, LLC.

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

13321 SW 36th STREET

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33175

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

rmercado2001@hotmail.com

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

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For further information concerning this matter, please call:

Raul M. Mercado

954

8229010

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CABAL CONSTRUCTIONS, LLC.

(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 Liability Company were filed on 01/05/2023 and assigned  
Florida document number L23000013894.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CABAL GENERAL SERVICES, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9001 SW 142nd AVENUE, APT. 13-26

MIAMI, FLORIDA 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9001 SW 142nd AVENUE, APT. 13-26

MIAMI, FLORIDA 33186

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

RAFAEL F. MERCADO

New Registered Office Address:

9001 SW 142nd AVENUE, APT. 13-26

*Enter Florida street address*

MIAMI

*City*

Florida 33186

*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:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|-------------------|----------------------------------|--|
| MNG          | RAFAEL F. MERCADO | 9001 SW 142nd AVENUE, APT. 13-26 | <input checked="" type="checkbox"/> Add    |
|              |                   | MIAMI, FLORIDA 33186             | <input type="checkbox"/> Remove            |
|              |                   |                                  | <input type="checkbox"/> Change            |
| MNG          | RAUL M. MERCADO   | 13321 SW 36th STREET             | <input type="checkbox"/> Add               |
|              |                   | MIAMI, FLORIDA 33175             | <input checked="" type="checkbox"/> Remove |
|              |                   |                                  | <input type="checkbox"/> Change            |
|              |                   |                                  | <input type="checkbox"/> Add               |
|              |                   |                                  | <input type="checkbox"/> Remove            |
|              |                   |                                  | <input type="checkbox"/> Change            |
|              |                   |                                  | <input type="checkbox"/> Add               |
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Remove  
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DEPARTMENT OF SOCIAL  
SERVICES  
DIVISION OF CORPORATIONS

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(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)

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 September 17<sup>TH</sup> 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee