

10/12/23, 3:23 PM

Division of Corporations

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

# L230003584624

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HADAS ACCOUNTING AND TAX SERVICES  
Account Number : I20170000018  
Phone : (305)222-2289  
Fax Number : (305)221-3810

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

Email Address: hadastaxservices@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### CARIBBEAN METAL TECH GROUP LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

OCT 13 2023

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DIVISION OF CORPORATIONS  
FLORIDA

OCT 12 PM 4:03

FILE

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

2

SUBJECT: **CARIBBEAN METAL TECH GROUP 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:

**BLANCA L LACAYO**

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

**HADAS ACCOUNTING & TAX SERVICES INC**

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

**210 SW 107th Ave**

\_\_\_\_\_  
 Address

**Miami, FL 3374**

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

**hadastaxservices@gmail.com**

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

For further information concerning this matter, please call:

**BLANCA L LACAYO**

**305 222-2289**

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  
 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**

CARIBBEAN METAL TECH GROUP 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 01/27/2023 and assigned  
Florida document number L23000051724.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5432 NW 113TH PL

DORAL, FL 33178

**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:

New Registered Office Address:

Enter Florida street address

City, **Florida** 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>
AMBR	CLAYNADI G CAMACHO NAVA S	8376 NW 68TH ST, MIAMI FL 33166	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ADD EIN NUMBER TO READ 952-97-8960

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11:41

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 12 2023

OCTOBER 12

Signature of a Mo

David & Palm Amente

Typed or printed name of signee

**Filing Fee: \$25.00**