L23000266139

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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Certified Copies	_ Certificate	s of Status
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Special Instructions to	Hiling Officer:	
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Office Use Only



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2023 SEP -8 PH 12: 08



August 4, 2023

VALENTINA CARDENAS CANIBALES LLC 5404 MENDOZA ST WEST PALM BEACH, FL 33415 US

SUBJECT: CANIBALES LLC Ref. Number: L23000266139

We have received your document for CANIBALES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title you have listed for the individual(s) managing the LLC is not acceptable. We cannot accept the terms: partner, officer, owner, or member.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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 call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 323A00017624

COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
SUBJEC	CANIBAL	ES LLC			
SUBJEC	·•·	Name of Lim	ited Liability Company	_	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	indence concerning this matter	to the following:		
		VALENTINA CARDENA	AS		
			Name of Person	_	
		CANIBALES LLC			
			Firm/Company		
		5404 MENDOZA ST			
		 	Address	_	
		WEST PALM BEACH FE	_ 33415		
			City/State and Zip Code	_ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		GOGOROCA74@GMAIL		2023 SEP	4.
		E-mail address: (to be used for future annual report notification)	SEP SEP	ť
For furth	er information c	oncerning this matter, please c	all:	- 8	-
VALEN	TINA CARDEN	NAS	561 507-3819 at()	Allasse	
	Name o	f Person	Area Code Daytime Telephone Num	PH 12: 08	
Enclosed	l is a check for th	ne following amount:			
≅ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif) Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration Section		
	Division of C		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caribales 110	0.				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appea Liability Company)	ırş on our reco	rds.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000266139</u> .		1 .	2023	_ and assigne	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company h	ere:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LI	LC" or the abbre	viation "L.L.C."	, -
Enter new principal offices address, if applicable:				20	
(Principal office address MUST BE A STREET ADDRESS)			7	23 SEP -	
Enter new mailing address, if applicable:			38.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00	-8 ; -P [n
(Mailing address MAY BE A POST OFFICE BOX)				12:08	<u>اقت</u>
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:	address on our	records, <u>ente</u>	er the name o	f the new reg	istere
New Registered Office Address:	Enter Flo	orida street addi	ress		
	City	, l	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	2			ege Civile	
I hereby accept the appointment as registered agent and agre	ee to act in this	capacity. I	further agree	to comply w	ith th

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Cardena Vega, Rodigo	1531 Dreyel Rd	DAdd
'		West Paln Beach Tr	□Remove
		33411, US	\BC\\ hange
MGR	Leal Velarquez, Maria E	5+04 Mendoza St	□ Add
	, ,	West Palm Beach Ir	□Remove
	t	33415 US	Change
MGR	Blanco Vega Esnevalda J.	5404 Mando za St	□Add
	g ·	Wast Palin Beach To	_ <u></u> ;□R ≥≥ ove
	_	33415, US	Change T
AMBR	Cardenas Rangrez Juan F	? 5404 Mendoza St	
	\mathcal{D}	West Palm Beach 1.	Regiove
		33415 US	hange
MGR	Vasquez Valencia Jose A.	5404 Mendorá St	□Add
•	1	West Palm Feach &	□Remove
		33415. US	Change
AMBR	Cardenas Karvier, Valentir	na 5404 Mendoza St	DAdd
		West Palm Beach IL	
		33415, US	Change

If amending any oth	er information, ente	r change(s) here:	(Attach additiona	l sheets, if nece	ssary.)		
							
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f an effective date is listed Note: If the date insert	er than the date of fi l, the date must be specific ted in this block does no ate on the Department of	and cannot be prior to of meet the applicab	date of filing or more le statutory filing re	than 90 days after	na]) 👼 filing.).Pu date will	O COURT	605.0207 listed as
e record specifies a delard is filed.	ayed effective date, but	not an effective tim	e, at 12:01 a.m. on (the earlier of: (b'	The 90)th day a	ifter the
Dated Que	ust 30	, <i>2023</i>					
	ust 30 Vale-Aira Signature o	Candyas	Lorina				
<u> </u>	Signature o	of a member or authori	zed representative of	a member			•
	,	ntina Ce		$\overline{}$			

Filing Fee: \$25.00