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Office Use Only



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## **COVER LETTER**

	O: Registration Section Division of Corporations			
SUBJEC".	Cable Lifte	r LLC		
Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		Ricardo Antilus		
			Name of Person	
		Cable Lifter LLC		
			Firm/Company	
		1360 Madison Chase Apt	I	
			Address	
		West Palm Beach/Florida	33411	
			City/State and Zip Code	
		Ricardo.antilus@yahoo.con E-mail address: (	n to be used for future annual report not	ification)
For further	r information c	oncerning this matter, please c	all:	
Ricardo A	ntilus		56! 5021847 at ( )	
-	Name o	f Person		ne Telephone Number
Enclosed i	s a check for th	he 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)
R D P	Lailing Addres Registration Solivision of C 2.O. Box 632 Callahassee, I	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee ee Street, Suite 810

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

Cable Lifter 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 10/25/2023	and assigned
Florida document number 1.23000487936		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		, Florida
	City	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 mv 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, 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>	Address	Type of Action
MGR	Ricardo Antilus		□Add
			□Remove
			Change
			□Remove
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Department.	e specific and cannot be prior k does not meet the applic	able statutory filing requ	(optional) n 90 days after filing.) Pursuant to rements, this date will not be	605.0207 ( Histed as t
record specifies a delayed effective d lis filed.	late, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
11/29/2023	.9			
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Typed or printed name of signee