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(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE CAVEMANS PATH 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:	
Juanny Batista Name of Person	
THE CAVEMANS PATH LLC	
6014 N Hubert Ave	
Tampa FL 33614 City/State and Zip Code Juanny batista@Gmail.com	
F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Juny Batista at (813) 205-5937 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
XS25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

THE CAVEMANS PATH 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 $\underline{November, 08, 2013}$ and assigned Florida document number $\underline{L23000507239}$.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company her
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The new name must be distinguishable and contain the words "Limited Liah		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6014 N Hubert Au 33614	e Tampa FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6014 N Huberta 33614	Ve Tampa FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	a
	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 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>	Type of Action
MGR	Edgar SantanA	9646 bornside pl Tompa, FL	_ □Add
		33635	KRemove
			_ □Change
MGR	Jorge Gonzalez	14901 pine Crest rd	□Add
		Tampa, FL 33613	Kemove
	, , , , , , , , , , , , , , , , , , ,		
MGR	Justin Micheal Johnson	1706 east bougainvillea ave	<u>C</u> □Add
		Tampa, Fl 33612	_X Remove
		_	□Change
			□Add
			_ □Remove
			_ □Change
	-		_ 🗆 Add
			_ 🗆 Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change

•	I Just wanted to remove the managers because every one
	I Just wanted to remove the managers because every one is getting their own Ilc's.
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(II an et) Note:	ve date, if other than the date of filing: December, 14th 2023 (optional) cerive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor ord is fi	I 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 ed.
Dated	December 11th 2023
	Signature of a member of authorized representative of a member
	Juanmy Batista
	Typed or printed name of signee