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Division of Corporations

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: (850)617-6383

From:

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Account Number : I20200000050 Phone

: (727)298-8007

Fax Number

: (305)397-0980

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From: Luis Grillo

Fax: 18885334730

Fax: (850) 617-6381

Page: 3 of 5

10/10/2024 14:27

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAISA SER\	/ICE LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears (</u> ability Company)	on our records.)	
Enter in the			
The Articles of Organization for this Limited Liability Company v	vere filed on	02/01/2024	and assigned
Florida document number L24000056481		•	
This amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the limited liabil	ity company here	2:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the des	gnation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			三位 马 二
			場っに
Enter new mailing address, if applicable:			OF S
(Mailing address MAY BE A POST OFFICE BOX)		• *	35 W
Period A		i	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our rec	ords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
rew registered office ribaless.	Enter Florida street address		
		. Florida	
	City	I IOI Kiii	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of m ovided for in Ch	y duties, and I at apter 605, F.S. C	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Luis Grillo

Fax: 18885334730

Ta:

Fax: (850) 617-6381

Page: 4 of 5

10/10/2024 14:27

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>		Name	Address	Type of Action
MGRM	_	LINDA JOSEFINA SUAREZ	90511 OLD HWY STE 6	□∧dd
	m Langue		TAVERNIER, FL 33070	□Remove
	-			□Change
	<u></u>			□Add
				□ Remove
				□Change
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ta ligigar t		•		□Change
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	_		 	□Add
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	्रीष्ट्रास्कृति १८	::		□Change
· .	-			□Add
				□ Remove
				□Change

To:

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Not	ctive date, if other than the date of filing: 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)(6) E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
f the record is	ford 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 filed.
Date	ed <u>October 10</u> . <u>2024</u> .
	Signature of a member or authorized representative of a member
	SOAVE SUAREZ SIMON ALEJANDRO Typed or printed name of signee