

25/4/24, 12:16

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LATIN AMERICAN TAXPRO  
Account Number : 128228080106  
Phone : (407)318-0823  
Fax Number : (561)467-5851

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

Email Address: \_\_\_\_\_

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

Certificate of Status	1
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2024 MAY -1 PM 1:07

T. LEMIEUX  
MAY 02 2024

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#240001514243  
COVER LETTER

2nd Request

TO: Registration Section  
Division of Corporations

SUBJECT: CAICEMMA 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:

SOTO GONZALEZ, MARIA V

Name of Person

Firm/Company

7406 ROSY PERIWINKLE CT

Address

TAMPA, FL, 33619

City/State and Zip Code

Plusfinanceservicesllc@gmail.com

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

For further information concerning this matter, please call:

SOTO GONZALEZ, MARIA V

813 724-7755  
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

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# 240001514243  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2nd Request

CAICEMMA 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 04/15/2024 and assigned  
Florida document number L24000176050

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)

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:

SOTO GONZALEZ, MARIA V

New Registered Office Address:

7406 ROSY PERIWINKLE CT

Enter Florida street address

TAMPA

City

Florida 33619

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.

Maria Soto

If Changing Registered Agent, Signature of New Registered Agent

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#24 000 1514 243 2nd Request

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>
MGR	SOTO, MARIA V	7406 ROSY PERIWINKLE CT	<input type="checkbox"/> Add
		TAMPA, FL, 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOTO GONZALEZ, MARIA V	7406 ROSY PERIWINKLE CT	<input checked="" type="checkbox"/> Add
		TAMPA, FL, 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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#24000 1514243. 2<sup>nd</sup> Request.

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

**Include the FEI/EIN Number in the application 99-2570619**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 APRIL 25 2024

Mania Solo

Signature of a member or authorized representative of a member

María Soto

Typed or printed name of signee

**Filing Fee: \$25.00**
$$\#240001511242$$