

25/4/24, 12:16

#240001514243
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Request
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
Note: Print this page and use it as a cover sheet. Type the fax audit number shown above on the top and bottom of each page of the document.
(((1240001514243)))



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

From:
Account Name : LATIN AMERICAN TAXPRO
Account Number : I28228080106
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
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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2024 MAY -1 PM 12:07

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T. LEMIEUX
MAY 02 2024

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COVER LETTER

Add Request

TO: Registration Section
Division of Corporations

SUBJECT: CAICEMMA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(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 at () 813 724-7755
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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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)

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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.

María Soto

If Changing Registered Agent, Signature of New Registered Agent

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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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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

Multiple horizontal lines for entering amendments.

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 Soto

Signature of a member or authorized representative of a member

Mania Soto

Typed or printed name of signee

Filing Fee: \$25.00

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