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Div	ision of Corp	orations			
SUBJECT:	CAI PLAN I				
oc by Le II			ited Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Jose E. Lopez			
		 	Name of Person		
		CAI PLAN LLC			
	Firm/Company				
		6500 Kendale Lakes Drive	#112		
			Address	· · · · · · · · · · · · · · · · · · ·	
		Miami, FL 33183			
			City/State and Zip Code	. 	
		raisaclavijo@gmail.com			
		E-mail address: (1	to be used for future annual report notification	ation)	
For further in	nformation co	ncerning this matter, please ca	all:		
Jose E. Lope	ez		786 274-3236		
	Name of	Person		'clephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	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:

TO:

Registration Section

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

ARTICLES OF ORGANIZATION OF

CALPLAN 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 11/22/2021 and assigned Florida document number <u>L21000501108</u> 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: New Registered Office Address: Enter Florida street address City 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 decument 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

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Octavio Robles	3151 Freeman Street	■Add
		Coconut Grove, FL 33133	□Remove
			□Change
MGR	Octavio Robles	3151 Freeman Street	≣A dd
		Coconut Grove, FL 33133	□Remove
			Change
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record specifies a delayed effective is filed.	date, but not an effective to	ime, at 12:01 a.m. on the o	arlier of: (b) The 90th day after	the
December 12	2021	•		
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- F/ 80-54	ignature of a member or auth	orized representative of a me	mber	