

L22000518168

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARLOS & ANYELA, 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:

Carlos Arnaldo Lopez

Name of Person

Firm/Company

1545 SW 1 Street, Suite 300

Address

Miami, Florida 33135

City/State and Zip Code

clopez@clapalaw.com

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

For further information concerning this matter, please call:

Carlos Arnaldo Lopez

305 644-3217
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

7/12/2022 PM 2:15

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Carlos & Anyela, 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 12/09/2022 and assigned
Florida document number L22000518168.

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:

Carlos Arnaldo Lopez

New Registered Office Address:

1545 SW 1 Street, Suite 300

Enter Florida street address

Miami

City

Florida 33135

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>	<u>Type of Action</u>
AP	Carlos A. Lopez-Albear	1545 SW 1 Street, Suite 300	<input type="checkbox"/> Add
		Miami, Florida 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anyela Gutierrez B.	1545 SW 1 Street, Suite 300	<input type="checkbox"/> Add
		Miami, FL 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Carlos Arnaldo Lopez	1545 SW 1 Street, Suite 300	<input checked="" type="checkbox"/> Add
		Miami, Florida 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anyela B. Gutierrez-Lopez	1545 SW 1 Street, Suite 300	<input checked="" type="checkbox"/> Add
		Miami, Florida 33135	<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

2007 DEC 22 PM 12:16

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.

Dated December 15, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00