L15000190918

(Requestor's Name)		
(Address)	3003448	
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)	05/26/20010	
(Document Number)		
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	VALCAROFRAN, LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GONZALO NICOLAS MUNAR				
		Name of Person			
	VALCAROFRAN, LLC				
	·	Firm/Company			
	20328 NE 16 PL				
	Address				
	MIAMI, FL 33179				
	GONZALO@SPORTCAR	City/State and Zip Code S.MIAMI			
		to be used for future annual report not	ification)		
For further information o	oncerning this matter, please c	all:			
GONZALO NICOLAS N	MUNAR	754 248 - 2394			
Name o	f Person		ne Telephone Number		
Enclosed is a check for th	e 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		Street Address:			
Registration S		Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CAROFRAN, LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on NOVEMBER 10, 2015	and assigned
Florida document number L15000190918		
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 a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	_
		1928 H.F.Y
		~ ~
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		P
		2
		PH 2: 09
3. If amending the registered agent and/or registered off	ice address on our records antor the non-	• • • • • • • • • • • • • • • • • • •
agent and/or the new registered office address here:	ice address on our records, enter the nan	ie of the new registere
Morrow of Name Danks at 1 a		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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>	Address	Type of Action
AMBR	JUAN PABLO GIANCRISTIANO	20328 NE 16 PL	
		MIAMI FL 33179	□ Remove
			Change
AMBR GONZALO NICOLAS MUNAR	GONZALO NICOLAS MUNAR	20328 NE 16 PL	__ _Add
		MIAMI FL 33179	□Remove
			□Change
			□Add
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