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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC Account Number : 120220000005

Phone : (321)333-5565 Fax Number : (407)565-5637

**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 FRUITTA & FRANBO LLC

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Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Help

COVER LETTER

TO: Registration Se Division of Co			
FranBo LL			
SUBJECT:		lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Paula A. Franco		
		Name of Person	
	FranBo LLC		
		Name of Person Firm/Company LLA DR Address 32829 Clty/State and Zip Code address: (to be used for future annual report notification) please call: 407 2570946 at (Area Code Daytime Telephone Number Teo & S55.00 Filling Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address:	
	9890 TIVOLI VILLA DR		
	9890 TIVOLI VILLA DR Address ORLANDO, FL 32829		
	ORLANDO, FL 32829		
		City/State and Zip Code	
	paula@franbo.co		W-W-A
For further information of	concerning this matter, please o	•	incasion)
Paula A. Franco		407 2570946	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Malling Addre</u> Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of 7	
Tallahassee,	FL 32314	2413 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

v as it now annears on our records.) ability Company)	
vere filed on 06/15/2018	and assigned
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ty company here:	
y Company," the designation "LLC" or	the abbreviation "L,L,C,"
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dress on our records, enter the	name of the new registered
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Enter Minister and and	AUG A
Enter r toriaa sireet aanress	
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to Edmply 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARTINEZ VALDERRAMA, NORMA C.	9890 TIVOLI VILLA DR	■ Add
		ORLANDO, FL 32829	□Reinove
			□ Change
			□Add
			□Ramova
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Effective date, if other than the (if an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not mo	ct the applicab	date of filing or molife statutory filling	(option to then 90 days after fi requirements, this o	ist) ling.) Pursuant to 605,0207 (1 late will not be listed as th
ne record specifies a delayed effect ord is filed.	ive date, but not as	n effective tim	o, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
Dated AUGUST 11	,	2023			
Pa	ula A-Fa Signature of a me	nw			
				f	
	Signature of a me	moer or authori	zea representativo o	T & meimber	

Filing Fee: \$25.00