

LD6000037364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

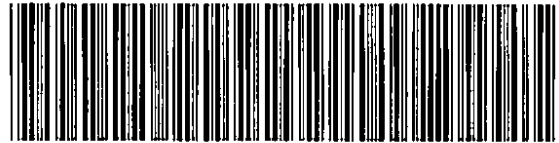
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2021 OCT 12 AM 6:14

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIVER COMPANY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO SALAMANCA

Name of Person

REAL BUSINESS TAX LLC

Firm Company

1917 WESTPOINTE CIR

Address

ORLANDO, FL 32835

City, State and Zip Code

PESELEON@GMAIL.COM

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

For further information concerning this matter, please call:

PEDRO SALAMANCA

407 860-5750

Name of Person

at _____
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 OCT 12 AM 6:14

SECRETARY OF STATE
TALLAHASSEE, FL 32399

CARIVER COMPANY 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 04/17/2006 and assigned
Florida document number L06000079364

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:

3020 LAMBERTON BLVD SUITE 107

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32825

Enter new mailing address, if applicable:

495 WINDSWEPT AV SW

(Mailing address MAY BE A POST OFFICE BOX)

PALM BAY, FL 32908

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

495 WINDSWEPT AV SW

Enter Florida street address

PALM BAY

City

Florida 32908

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>
MGR	HECTOR RIVERA	495 WINDSWEPT AV SW	☐ Add
		PALM BAY, FL 32908	☐ Remove
			☒ Change
MGRM	CARMEN RIVERA	495 WINDSWEPT AV SW	☐ Add
		PALM BAY, FL 32908	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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 (2)(7) (3)(b)

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.

TOBER 7

[Signature]

Signature of a member or authorized representative of a member

typed or printed name or signature

Filing Fee: \$25.00