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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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APR 1 8 2018

## **COVER LETTER**

Division of Corp.	JOI ALIVIIS	
	RPENTER, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	ANA BERTHA LEYVA	
	Name of Person	
	Firm/Company	
	13474 SW 22ND TERR	
	Address	
	Address	
	MIAMI FL 33175	
	City/State and Zip Code	
	ANALEGRA 1961@ICLOUD.COM	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
ANA BERTHA LEYVA	305 322-0973	
Name of	Area Code Daytime Telephone Number	
Enclosed is a check for the	se following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status	tus &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUETO CARPENTER LLC					
(Name of the Limited Lia (A Flo	<mark>ability Compan</mark> orida Limited Li	y a <mark>s it now appears on our</mark> ability Company)	records.)	_	
The Articles of Organization for this Limited Liability Florida document number L09000049670	ty Company v 	vere filed on <u>5/21/2009</u>	a	nd assigne	ed .
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	<u>limited liabil</u>	ity company here:			
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designation	n "LLC" or the abbreviat	tion "L.L.C.	***
Enter new principal offices address, if applicable:	:	13474 SW 22 TERR			
(Principal office address MUST BE A STREET AL		MIAMI FL 33175		18	SEG
				APR	AE
				5	AR)
Enter new mailing address, if applicable:				A	<u>,                                    </u>
(Mailing address MAY BE A POST OFFICE BOX	2			φ,	FLOS SOS
				ಫ	
B. If amending the registered agent and/or r registered agent and/or the new registered office			ecords, <u>enter the r</u>	name of 1	the nev
Name of New Registered Agent:	NA BERTHA	LEYVA			
New Registered Office Address:	3474 SW 22 TI				
		Enter Florida stree			
<u>M</u>	IIAMI 		, Florida 33175		
		City	Zip	o Code	
New Registered Agent's Signature, if changing Regis	tered 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	JESUS PRADA	3435 E IST AVE	
		HIALEAH, FL 33013	<b>■</b> Remove
			☐ Change
AMBR	ANA BERTHA LEYVA	13474 SW 22 TERR	■ Add
		MIAMI, FL 33175	□ Remove
			☐ Change
		<del></del>	□ Add
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fectiv	e date, if other than the date of filing: (optional)
n effec i <mark>te:</mark> Ii	tive 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 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted _	April 2 . 7018 . Ref.
	Signature of a member or authorized representative of a member
	$\sim I$

Page 3 of 3

Filing Fee: \$25.00