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SECRETARY OF STATE

N. Cuttigan FEB 28 2013

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Name of Limite	CIA'S Carpente	y, LLC
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Juan	Francisco Garc	ia
	<u></u>	Firm/Company	
	2570 SE	Madison S+	
	Stuort	FL 34997	
	angve la E-mail address: Go	FL 34997 City/State and Zip Code Or Cia O amail Co be used for future angual report notification	on)
For further information con-	cerning this matter, please ca		
Juan G	erson	at (772) 215-60 Area Code & Daytime Te	3 3 Elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	Certificate of Status	☐S55.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 FEB 27 AM 10: 17

SECRETARY OF STATE IALLAHASSEE, FLORIDA

(Name of the Limited L	iability Company as it now appears on lorida Limited Liability Company)	pur records.)
The Articles of Organization for this Limited Liab		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the Cara's Custon. The new name must be distinguishable and end with the custon.		he designation "LLC" or the abbreviation
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our r	ecords, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Futer F	orida street address
	Liner P	
	City	, Florida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Address <u>Title</u> Name AIU_ Remove Remove Remove Remove Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
ated <u>F</u>	ebruary 24, 2013.
	Ca
	Signature of a member or authorized representative of a member
	Juant. (Tarcia
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED 2018 FEB 27 MID: 17 SELECTION STATE SELECTION STATE