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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC	Carne Expi			
BUDSE	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		Sandor Toledo		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Carne Express LLC.		
			Firm/Company	
		3705 SW 68th AVE		·
			Address	<del></del>
		Miramar, FL 33023		
			City/State and Zip Code	
		CarneExpress7@gmail.com	•	
		E-mail address: (1	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
Sandor 7			786 412-2686	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	S30.00 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:

TO:

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

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orida 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
MGR	Sandor Toledo	3705 SW 68th AVE	<b>A</b> dd
		Miramar, FL 33023	□ Remove
			☐ Change
AMBR	Sergio A. Fonseca	3705 SW 68th AVE	
		Miramar, FL 33023	☐ Remove
			■ Change
			□ Add
			☐ Remove
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ective date, if other than the	e date of filing:		(optional)	
n effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the I	lock does not meet the appl	icable statutory filing re	than 90 days after filing.) quirements, this date	Pursuant to 605.020 will not be listed a
record specifies a delaye he 90th day after the rec		ot an effective time	e, at 12:01 a.m. (	on the earlier o
ted March 23	2017	· ·		
	/ 0 d	tals		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00