## 117000221911

(R€	equestor's Name)	_
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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## COVER LETTER

TO: Registration S Division of Co				
CARRAN	NPLON, LLC			
30bJEC1:	Name of Lim	ited Liability Company	<del>                                     </del>	
•			}	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	LUIS G. RUSSI RODRIG	UEZ		
		Name of Person		
	CARRANPLON, LLC			
		Firm/Company		
	4986 BONSAI CIRCLE, U	JNIT NO. 100		
		Address		
	PALM BEACH GARDEN	NS. FL 33418		
		City/State and Zip C	ode	<u></u> .
	GIORUSSICORP@GMAII	L.COM to be used for future an	nual support notifies	ntion)
For further information	concerning this matter, please ca		nual report nonne	augii)
LUIS G. RUSSI RODE		561 at (	889-7160 }	
Name	of Person	Area Code	Daytime T	elephone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Cop (additional copy	Σ,	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Regi Divi Clin 2661	EET/COURIER stration Section sion of Corporati on Building Executive Cente thassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARRANPLON, LLC				
( <u>Name of the Limited Liability</u> (A Florida)	Company as it now appea imited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000221911</u>	mpany were filed on 10	0/26/2017	and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company h	ere:		
The new name must be distinguishable and contain the words "Limit	ad Lightlity Campany " the	ducionation "I I (" as the obligate	inting of LC	•
Enter new principal offices address, if applicable:	cu initismy Company, me	designation 15.60 of the above.	## DELECT	TALL DEC
(Principal office address MUST BE A STREET ADDRI	- CCC)		Ž	¥ 10
Trincipal office address Prost BE A STREET ADDRE	.557		<u>-</u> ×	
Enter new mailing address, if applicable:			ç	
(Mailing address MAY BE A POST OFFICE BOX)			<u>ق</u> ب	
B. If amending the registered agent and/or registeredistered agent and/or the new registered office addresses and the Name of New Registered Agent:		n our records, <u>enter the</u>	name of t	he new
New Registered Office Address:	Frage File	orida street address		
	Chier Pile			
	City	, Florida	Lip Code	
New Registered Agent's Signature, if changing Registered	ì	•	up Code	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co- accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of int as provided for in	f my duties, and I am fami Chapter 605, F.S. Or, if th	liar with ar iis documer	ıd
	If Changing Registered A	gent, Signature of New Registe	red Agent	_

Page 1 of 3

GR = _ M IBR = _	rlanager Authorized Member		
<u>le</u>	Name	Address	Type of Action
GR	FERNANDO JIMENEZ	4986 BONSA CIR, NO. 100	Add
٠		PALM BEACH GARDENS	Remove
		FLORIDA, 33418	Change
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n effecti o <u>te:</u> If	date, if other than the date is listed, the date in this date in this the date on the	uist be specifi block does r	c and cannot be p not meet the app	olicable stati	tiling or more the	(optic an 90 days after uirements, this	filling.) Pursuant to 60:	5.020 :ed a:
	rd specifies a delay Oth day after the re			not an eff	ective time	, at 12:01 a	.m. on the earli	er o
ited	JANUARY 2		. <u> </u>					
	25	2						
		Signature	of a member or a	uthorized repa	resentative of a	member		
		C. Russ 1						
			Typed or p	rinted name o	f sign <b>ee</b>			

Filing Fee: \$25.00