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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			
CHDI		LUTIONS LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		CARLOS M. MAZA MON	NIQUE	
			Name of Person	
		CARJO SOLUTIONS LLC	2	
		 	Firm/Company	
		6162 TWAIN ST UNIT 10	14	
		·	Address	
		ORLANDO, FL 32835		
			City/State and Zip Code	
		AL@COOPERTAXES.COI		
		E-mail address: (t	to be used for future annual report notific	ation)
For fu	rther information co	oncerning this matter, please ca	all:	
CARL	LOS M. MAZA MO		407 709-3426 at ()	ı
	Name o	f Person	Area Code Daytime	Геlephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARJO SOLUTIONS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 11-03-2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		As
(Principal office address MUST BE A STREET ADDRESS)		7 NOV
Enter new mailing address, if applicable:		SEE. FILE
(Mailing address MAY BE A POST OFFICE BOX)		9: 39
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	ter the name of the nev
	Enter Florida street address . Florida	
	City	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>	Type of Action
DIR	JOSE I. DOS SANTOS	6162 TWAIN ST UNIT 104	
		ORLANDO, FL 32835	■ Remove
			☐ Change
DIR	GLADYS T DOMINGUEZ BEOM	6162 TWAIN ST UNIT 104	
		ORLANDO, FL 32835	■ Remove
			☐ Change
DIR	JOSE I. GOMES DOS SANTOS	6162 TWAIN ST UNIT 104	■ Add
		ORLANDO, FL 32835	□ Remove
			Change
			Add
			_ □ Remove
			☐ Change
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ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be play the date inserted in this block does not meet the apent's effective date on the Department of State's reco	olicable statutory filin	(optional) ore than 90 days after filing.) F g requirements, this date w	ယ္ ဆ
ecord specifies a delayed effective date, but e 90th day after the record is filed.		ime, at 12:01 a.m. or	n the earlier
NOVEMBER 06, 2017 Callos Maza. Signature of a member or a	,		
Caplas Maza			
C9403 119/20			

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Filing Fee: \$25.00