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COVER LETTER

	gistration Sec ision of Corp			
empreet.	CARLOTA	INVESTMENT GROUP, LL	C.	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		LUISA M FUMERO		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		CARLOTA INVESTMEN	T GROUP, LLC.	
			Firm/Company	
		6701 NW 7TH ST #135		
			Address	
		MIAMI, FL 33126		
			City/State and Zip Code	
		catellez1@hotmail.com		
		E-mail address; ()	to be used for future annual report notif	lication)
For further in	nformation co	ncerning this matter, please ca	all:	
LUISA M F	UMERO		±1 954-609-023	3
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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

CARLOTA INVESTMENT GROUP,		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	ility Company were filed on 11/15/2017	and assigned
Florida document number L17000236647		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C." 501
Enter new principal offices address, if applicable	le:	7 00 18
(Principal office address MUST BE A STREET)	ADDRESS)	5 25
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	3
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter	the name of the nev
registered agent and/or the new registered orne	e address here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
-	, 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 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	THE MICHEL TRUST	6701 NW 7TH ST #135	Add
		MIAMI, FL 33126	Remove
			Change
		_	
			☐ Remove
			☐ Change
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fective date, if other than	the date of filing:		(optiona	al)	
n effective date is listed, the date	must be specific and cannot be	prior to date of fiting o	r more than 90 days after fili	ng.) Pursuant to 605.0	201
ote: If the date inserted in thi cument's effective date on the			ing requirements, this da	ac will not be listed	ıas
record specifies a dela The 90th day after the i		t not an effective	e time, at 12:01 a.m	n, on the earlier	- o
ted					
\overline{f}	W FUMWO Signature of a member or				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee