117000 236647

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · ·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



600335290866

10/16/19--01011--009 **25.00





COVER LETTER

TO:

Registration Section Division of Corporations

	A INVESTMENT GROUP LLC	;	.
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUISA M FUMERO		·
		Name of Person	
	CARLOTA INVESTMEN	T GROUP LLC	
		Firm/Company	
	2153 NW 79 AVE		
		Address	
	MIAMI, FL 33122		
		City/State and Zip Code @gmail.com	
		to be used for future annual report not	lification)
For further information c	concerning this matter, please c	all:	
LUISA M FUMERO		786 26(4300) at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpe Clifton Building	
Tallaha	assee, FL 32314		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARLOTA INVESTMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number 1.17000236647	were filed on 02/01/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2153 NW 79 AVE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33122
	
Enter new mailing address, if applicable:	2153 NW 79 AVE
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33122
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	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 agrance provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			Change
			□ Remove
			Change
		<u>.</u>	Remove
			Change
			Remove
			☐ Change

_	
-	
-	
-	
_	
_	
-	
-	
_	
-	
-	
-	·
_	
-	
-	
Dec.	10-09-2019
(If an eff <u>Note:</u>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10-09 2019
.>	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00