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COVER LETTER

TO:

Registration Section

Division of Cor	porations	·	•			
SUBJECT:	Car-1	Fac 2, LLC				
SUBJECT:	Name of Lim	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:				
		Alejandro Carillo				
		Name of Person	1			
		n/a				
		Firm Company	····			
		2510 JOHN MARSH RD				
		Address				
		Bonifay, FL 32425 UN				
	City/State and Zip Code					
	cartac2lle@gmail.com					
		to be used for future annual report no	ptification)			
For further information of	oncerning this matter, please c	all:				
Alejandro Carillo (Alex	۸)	832 292-8681 at ()				
Name o	f Person	Area Code Dayti	ime Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S		Street Address: Registration S	Section			
Division of C	Corporations	Division of Corporations				
P.O. Box 632 Tallahassee		The Centre of				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Car-Tac 2, 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 Li		my were filed on	02/14/2018	and assigned
This amendment is submitted to amend the follo	owing;			
A. If amending name, enter the new name of	the limited <u>l</u> i	ability company h	ere:	
The new name must be distinguishable and contain the w	ords "Limited Li	ability Company," the	designation "LLC" or (the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	n/a		
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address	egistered offic			
Name of New Registered Agent:	n/a			
New Registered Office Address:		Enter Flo	rida street address	
	·		Florid	aZip Code
		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 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>	Name	Address	Type of Action
Mgr	Jose Manuel Carillo	2510 JOHN MARSH RD BONIFAY, FL 32425 UN	∓ Add
			□Remove
			©Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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			□Remove
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·			□Add
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ecti	ve date, if other than the date of filing:
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is fil	ed.
	July 12" 2023
ted .	July 12" 2023
	Signature of a number or authorized representative of a member
	Alejandro Carillo

Filing Fee: \$25.00