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. (Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	-
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporat				
SUBJECT: Card	hon Copy Co	ollective L	L C	
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.		
Please return all correspondence	ce concerning this matter to	o the following:		
	Seig	io Rivera		
_	Carbon	Name of Person Copy Colle Firm/Company	ctive	
_				
	17920	NW 85 Address	AVE	
_		Address		
	Hioleah	, FL 33	015	
_	Carbonco	FL 33 City/State and Zip Code py Creative @ 1 be used for future annual r	gmail.	com
For further information concer	ning this matter, please cal		civil notineati	viii)
_	ra on		815-	6984
Name of Perso	n	Area Code	Daytime Tel	ephone Number
Enclosed is a check for the foll	owing 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)

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

Carbon Copy C	Collective, LLC Liability Company as it now appears on our records.) Torida Limited Liability Company)	
(Name of the Limited L (A F	Jability Company as it now appears on our records.) Torida Limited Liability Company)	a.
The Articles of Organization for this Limited Liabil Florida document number		assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	Ž	SECULIARY
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>	<u>₩</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name address here:	e of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
, -	, Florida	
	City Zip Coc	le

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 = Managér AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sergio Rivera	17920 NW 85 AUE	
	-	HIALEAH, FL 33015	
			Remove
			Change
MGR	Aleyandro Rivera	17920 NW 85 AVE HIALEAH, FL 33015	□ Add
	•	HIALEAH, FL 33015	
			☐ Remove
			Change
			□ Add
		-	Remove
			Change
			Add
			□ Remove
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ective date, if other than the date of filing:	(ontional)	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of the late inserted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pu	irsuant to 605.020
nument's effective date on the Department of State's records.	ming requirements, this date wit	Thor be fisted a
record specifies a delayed effective date, but not an effectiv he 90th day after the record is filed.	e time, at 12:01 a.m. on	the earlier of
the sour day after the record is filed.		
ed Wednesday May 30 2018		
Signature of a promber or authorized representa		
MININE		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00