L1800010633Y

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO:	Registration Division of C	Section Corporations		
erter er		a Ventures, LLC		
SUBJE	sc1:	Name of Lim	ited Liability Company	
The en	closed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please	return all corres	spondence concerning this matter	to the following:	
		Maria Pereda		
			Name of Person	
		Carabela Ventures LLC		
		 	Firm/Company	
		1300 S Miami Ave, Apt	1410	
		AL	Address	
		Miami, FL 33130		
			City/State and Zip Code	
		mperedaehrlich@gmail.c	om To be used for future annual report notifi	cation)
For fur	ther informatio	n concerning this matter, please of	·	canon,
Maria	Pereda		at (+ 1) 6176421612	
	Nam	e of Person	Area Code Daytime	Telephone Number
Enclos	ed is a check fo	or the following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Carabela Ventures, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>e)</u>
The Articles of Organization for this Limited Liability Compan Florida document number L18000106334	y were filed on April 27, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		SECRETARY OF STATE OF STATE OF COSPORATION OF COSPORATION OF COSPORATION OF COSPORATION OF THE NAME OF
New Negistered Office Augress.	Enter Florida street address	S
	, Flo	orida
New Registered Agent's Signature, if changing Registered Agen	City t:	Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. I fur te performance of my duties, an s provided for in Chapter 605, 1	nd I am familiar with and F.S. Or, if this document is

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
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Signature of a member or authorized representative of a member	(// / I / // // // // // // // // // // /		e e	

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Filing Fee: \$25.00