4800157213

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Casion Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300320651843

11/13/18--01018--006 ++35.08

SECRETARY OF STATE

FILE U

COVER LETTER

TO:	Registration Se Division of Cor			
CHD	Carla Minya	an LLC		
SUB,	JECT:	Name of Limi	ted Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Meyer Minyan		
		<u></u>	Name of Person	.000
			Firm/Company	
		2974 Griff∳n Road Box 5	· init company	
			Address	
		Fort Lauderdale, FL 33312		
		meyerminyan@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For fi	urther information c	oncerning this matter, please ca	ill:	
Меуе	er Minyan		786 417-6939 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne 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)

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

FILED

2018 NOV 13 AM 8: 54

Carla Minyan LLC

(Name of the Limited Liability Company as it now appears on our

(À Florida Limit	ed Liability Company)	EAHASSEE, FL
The Articles of Organization for this Limited Liability Compa	any were filed on 06/27/2018	and assigned
Florida document number $\frac{L18000157213}{L18000157213}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "Li,C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Catan and mailing address if applicables		
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 between the control of the co		, enter the name of the ne
egistered agent and/or the new registered office address i	iere:	
Name of New Registered Agent:		
New Registered Office Address:		
rew registered office reduced.	Enter Florida street address	
	, Flo	orida Zıp Code
		Zıp Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	

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, <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>	Address	Type of Action
MGR	Meyer Minyan	2974 Griffon Road Box 5 Fort Lauderdale, FL 33312	 Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			Change
	·		
			Remove
			☐ Change
			Remove
			□ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
	INCO/2018
fectiv	ate, if other than the date of filing: (optional) 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
ote: i	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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 h day after the record is filed.
لدرو	Meyer Mongature of a member or authorized representative of a member Meyer Mongature of a member or authorized representative of a member Typed or printed name of signee
ea _	
	Meyer Min
	I I I I I I I I I I I I I I I I I I I
	/ / // // // // // // // // // // // //

Page 3 of 3

Filing Fee: \$25.00