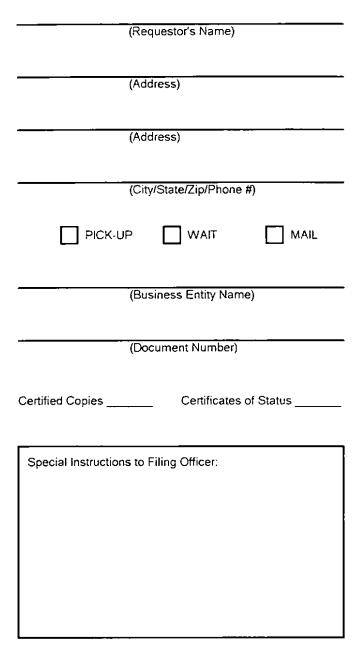
## L18000/66323



Office Use Only



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07/23/18--01015--013 \*\*30.00





## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CARD MELL LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ANDRES N CHERNITSKY	
Name of Person	
Firm/Company	
3545 Magellan Cr. #355	
Address	
AVENTURA FL 33180	
City/State and Zip Code  Sustawo Oppel @ gmail, Com  E-mail address: (to be used for futural annual report notification)	
For further information concerning this matter, please call:	
GUSTANO OPPEN ::305,7933356	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed) 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

CAROME	H LLC					
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appe d Liability Company	ars on our r	ecords.)			
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 18000 166323</u>	ny were filed on _	July	10,2018	_ and assigned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liz	ability company	<u>nere</u> :				
The new name must be distinguishable and contain the words "Limited Lie	ability Company." the	designation	"LLC" or the abbro	eviation "L.L.C."		
Enter new principal offices address, if applicable:			76	18		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SEE, FLORIDA	ED 9: 28		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		on our rec	cords, <u>enter th</u>	e name of the ne		
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 Ager	<u>ıt:</u>					
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	rte performance c	of my dutie	rs, and Lam fan	niliar with and		

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Type of Action <u>Address</u> GUSTAVO OPPEL 3545 MAGELLAN QI, AVENTURA, FL33/80 MGM Remove ☐ Change ANDRES N. CHERNITSKY 3545 Magellan Ci. Aventua FC 33180 ☐ Remove ☐ Change □ Add ☐ Remove SCORDINGE OF STATE 8 Remove ☐ Change □ Add ☐ Remove Change  $\square$  Add ☐ Remove

Change

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fecti	ive date, if	other tha	n the date	of filing:	;				(option	nal)		
	fective date is If the date											
cum	nent's effect	ive date on	the Departi	nent of St	ate`s reco	rds.						
	cord spec 90th day				ate, but	not an e	fective t	ime, at 1	2:01 a.	m. oı	n the	earlier
ited	7/20	2018		·				W				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00