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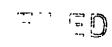
TO: Registration S Division of Co			
CARV BI	ROKERS LLC		
donacer.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CHRISTOPHER VALDE	ES .	
	CARV BROKERS LLC	Name of Person	
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: CHRISTOPHER VALDES Name of Person CARV BROKERS LLC Firm/Company 17662 NW 87TH PLACE Address HIALEAH, FLORIDA 33018 City/State and Zip Code CHRIS82195@AOL.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: OPHER VALDES Name of Person Area Code Daytime Telephone Number s a check for the following amount: Utiling Fee Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
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For further information		·	itication)
CHRISTOPHER VALI	DES		
Name	of Person		e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 AUG 21 PM 4: 56

CARV BROKERS LLC	2017 KG 21 - FN 4- 36
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited E Florida document number L18000215669	iability Company were filed on 9/11/2018 and assigned and assigned
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
-	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	
(Principal office address MUST BE A STREI	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, enter the name of the n
Name of New Registered Agent:	CHRISTOPHER VALDES
New Registered Office Address:	17662 NW 87TH PLACE
	Enter Florida street address

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.

City

HIALEAH

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>	<u>Address</u>	Type of Action
AMBR	ARIEL RAMIREZ	212 NE 211 TERRACE MIAMI FLORIDA 33179	
			_ ■ Remove
			Change
AMBR	CHRISTOPHER VALDES	17662 NW 87TH PLACE HIALEAH FLORIDA 33018	Add
			□ Remove
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Effective date, if other the fan effective date is listed, the Note: If the date inserted indocument's effective date of the factorial description.	date must be specific an n this block does not	d cannot be prior to meet the applicab	date of filing or modele statutory filing	ore than 90 days after the requirements, this	iling.) Pursuant to 605	5.0207 (ed as t
ne record specifies a c The 90th day after t	lelayed effective of the record is filed.	date, but not	an effective ti	me, at 12:01 a.	m. on the earlie	er of:
Dated		2019				
		·	. •			
						

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Typed or printed name of signee

Filing Fee: \$25.00