## L18000229007

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

	OT WOOD LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AR CARROT WOOD LL	С	
		Name of Person	<del></del>
	Drummond Legal Advisor	s PLLC	
		Firm/Company	
	601 Brickell Key Drive S7	TE 901	
		Address	
	Miami, Florida 33131		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
		at ()	me Telephone Number
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	orporations
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR Carrot Wood LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp.  Florida document number L18000229007	pany were filed on 09/27/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o		
Enter new principal offices address, if applicable:		2023	
(Principal office address MUST BE A STREET ADDRESS	5)	<u>ب</u> ن ب	
		. P	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		r ==	
		•	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records, <u>enter th</u>	e name of the new registere	
New Registered Office Address:	Enter Florida street address		
	, Flori , Flori	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is	
Īf	Changing Registered Agent, Signature of N	ew 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
MGR	Alon Lederman	16509 Botaniko Dr N, Weston, FL, 33326	<b>=</b> Add
			□Remove
			□Change
MGR	José Cantarelli Junior	2670 Cypress Ln, Weston, FL, 33327	<b>≣</b> Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Adđ
			□Remove
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<del></del>	······································		□Add
		<del></del>	□Remove
			□Change

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			2023
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<del></del>			
ective date, if other than the date of filing:	or to date of filing or r	nore than 90 days after	filing.) Pursuant to 60
te: If the date inserted in this block does not meet the appli- ument's effective date on the Department of State's record		ng requirements, this	date will not be its
cord specifies a delayed effective date, but not an effective s filed.	time, at 12:01 a.m.	on the earlier of: (b)	) The 90th day aft
ed May 22 , 2023 \	-//~	)	
	( )		
Signature of a member of sut	horized representativ	e of a member	

. . .

Filing Fee: \$25.00