118000248299

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

Office Use Only



900317578849

-**900317578849** 11/14/18--01014--011 **25.00

2018 DEC 17 AN IO: 51

Y SULKER DEC 18 2018



November 29, 2018

CYNTHIA ANDRADE 5550 GLADES ROAD #200 BOCA RATON, FL 33431

SUBJECT: CARRILLO LEGACY ENTERPRISES LLC

Ref. Number: L18000248299

We have received your document for CARRILLO LEGACY ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 518A00024378

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carnilo Legacy Enterprises LLC				
(Name of the Lim	(A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L18000248299	.iability Company	were filed on 10/22/18	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		5210 Linton Blvd.		
(Principal office address MUST BE A STREET ADDRESS)		Suite 301		
		Delray Beach, FL 33484		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5210 Linton Blvd.		
		Suite 301		
		Delray Beach, FL 33484		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u></u>	the name of the new	
New Registered Office Address:	5210 Linton Blvd. Suite 301			
	Delray Beach	Enter Florida street address , Florida ³³	484!!! = 63 ZB Gode	
New Registered Agent's Signature, if changing	Registered Agent:	Cuy	Zh Gode	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete istered agent as j	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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** □ Add _□ Remove __ Change □ Add □ Remove _ Change _□ Add _□ Remove ____ Change D Add A compose The comp ☐ Remove ☐ Change _ 🗆 Add □ Remove

☐ Change

<u> </u>	
·	
	
.	
	7.0
	2948 DEC
	7
	AH O O
11/8/18	
Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the application.	to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not	t an effective time, at 12:01 a.m. on the earlie
The 90th day after the record is filed.	t an endeave time, at 12.01 a.m. on the came
November 8 2018	,
Dated Total Control Co	/ //
10x1 A2	hela
Signature of a member or antho	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00