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Office Use Only



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OCT 15 2020

COVER LETTER

TO:	Registration Sectorial Division of Corp	orations		
SUBJE	CT: <u>Caral</u>	peo E Brother Name of Limi	-S LLC ited Liability Company	
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		Thomas .). Aaron Name of Person	
		Carabeo +	Brothers LLC. Firm/Company	
		2108 Acad	cia Rd. Address	
		Nepture B	City/State and Zip Code	06
		E-mail address: (t	o be used for future annual report i	notification)
For furt	her information cor	scerning this matter, please ca	dl:	
	Name of F	Person	at (<u>904</u>) <u>613</u> Area Code Day	time Telephone Number
Enclose	d is a check for the	following amount:		
□ \$25	.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carabeo E Bi	others LLC	2020 SEP -4 PH 6: 28
(Name of the Limiter	Others LLC d Liability Company as it now A Florida Limited Liability Con	appears on our records.) npany)
The Articles of Organization for this Limited Lia		on $11/13/2018$ and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability comp	eany here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company	y," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/or re agent and/or the new registered office address		our records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Er	nter Florida street address
		, Florida
	City	Zip Code

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.

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>	Address	Type of Action
MGR	Thomas J. Aaron	2108 Acacia Rd.	🗹 Ádd
		Neptune Beach, FL. 3226	<u>6</u> □Remove
			🗆 Change
			□Add
			□Remove
			□ Change
	-		🗆 Add
			□Remove
			□Change
			DAdd
			Remove
			□Change
			□Add
			🗆 Remove
			□Change
			DAdd
			□Remove
			Change

	2020 SE - 4 - PH St 28
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(If an effective Note: If the	te, if other than the date of filing:
he record spe ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 1, 2020.
_	Signature of a member or authorized representative of a member
	TUAN Barrios Carabeo Typed or printed name of signee