

L19000111826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

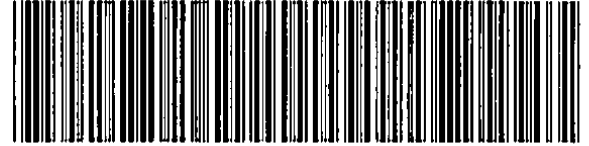
(Business Entity Name)

(Document Number)

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07/12/19 10:13:23 AM

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2019 JUL 12 PM 12:23

FILED

JUL 2 2019

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED

CARMEN LYRA, EDUCATIONAL DEVELOPMENT PROJECTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 JUL 12 P 0:23  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/24/2019 and assigned Florida document number L19000111826.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARMEN LYRA, EDUCATIONAL DEVELOPMENT PROJECTS, 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:

MAURO SCATTOLINI

\_\_\_\_\_  
Name of Person

C&M CPA, LLC

\_\_\_\_\_  
Firm/Company

175 SW 7TH ST SUITE 1509

\_\_\_\_\_  
Address

MIAMI, FL. 33130

\_\_\_\_\_  
City/State and Zip Code

MAURO@CANDMCPA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURO SCATTOLINI

305 517-3791

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	ARRIETA CHACON, GREIVIN	175 SW 7TH ST STE 1509	<input type="checkbox"/> Add
		MIAMI FL, 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARRIETA LOPEZ, GREHYBEIM GERARDO	175 SW 7TH ST STE 1509	<input type="checkbox"/> Add
		MIAMI FL, 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 07/10/2019 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 10, 2019.

Grehybeim Arrieta  
Signature of a member or authorized representative of a member

ARRIETA LOPEZ, GREHYBEIM GERARDO  
Typed or printed name of signer

# REPUBLICA DE COSTA RICA

PASAPORTE/PASSPORT

Tipo/Type

P

Código del Estado/Country Code

CRI

Número de Secuencia/Sequence

F045935

Apellidos/Surname

ARRIETA LOPEZ

Nombre/Given Names

GREHYBEIM GERARDO

Nacionalidad/Nationality

COSTARRICENSE

Lugar de Nacimiento/Place of Birth

SAN JOSE

Fecha de Nacimiento/Date of Birth

21 12 1985

Fecha de Emisión/Date of Issue

06 01 2016

Número de pasaporte/ID No

1 1264 0454

Lugar de emisión/Place of Issue

BCR-215

Fecha de Vencimiento/Date of

05 01 2022

Sex

M

