

2/20/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H200000573103)))



H200000573103ABCS

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2020 FEB 25 AM 8:21

2020 FEB 25 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARIHUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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To: 18506176383 From: 12143052508 Date: 02/24/20 Time: 7:35 PM Page: 03/06
To: 12143174754 From: Restricted Date: 02/21/20 Time: 9:15 AM Page: 01
850-617-6381 2/21/2020 12:15:25 PM PAGE 1/001 Fax Server



February 21, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARHUE LLC
2999 NE 191 STREET
403
AVENTURA, FL 33180US

SUBJECT: CARHUE LLC
REF: L19000129677

We have received your document for CARHUE 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):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Octavia L Simmons FAX Aud. #: H20000057310
Regulatory Specialist II Supervisor Letter Number: 620A00003893

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

CARHUE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/13/2019 and assigned
Florida document number L19000129677.

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

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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	MATZKIN, MARTIN	2999 NE 191 STREET, SUITE 403	<input type="checkbox"/> Add
		AVENTURA, Florida 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATZKIN, MARTIN	2999 NE 191 STREET, SUITE 403	<input type="checkbox"/> Add
		AVENTURA, Florida 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZUBILLAGA, MARIANA	2999 NE 191 STREET, SUITE 403	<input type="checkbox"/> Add
		AVENTURA, Florida 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARHUE LLC, a Delaware LLC	2999 NE 191 STREET, SUITE 403	<input checked="" type="checkbox"/> Add
		AVENTURA, Florida 33180	<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.)

E. 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 to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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 FEBRUARY 10TH

2020

Signature of a member or authorized representative of a member

MATZKIN, MARTIN MGR

Typed or printed name of signee