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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TPBS CORP Account Number : I20190000112 Phone : (786) 389-2779 Fax Number : (305)356-3688

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARTOYS ELECTRONIX, LLC

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ESOS # 1 VON T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTOYS ELECTRONIX LLC			•
(Name of the Limi	(A Florida Limited	ney as it now honeurs on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 07/26/2019	and assigned
Florida document number L19000183577			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	nility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabii	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8422 NW 66TH ST	
		MTAMI, FL 33166	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8422 NW 66TH ST MIAMI, FL 33166	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent.		address on our records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	me of New Registered Agent: EDDUIN DEYA		<u> </u>
New Registered Office Address:	8422 NW 66TI	-	(-) -
-		Enter Florida street address	2: 2: 3:
	MIAMI	City Florida 33	Zip Code
		uiy	wh?=one

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 Benttered Agent

11/13/23 09:37AM PST TPBS Corp -> Florida Department of Stat 18506176383 Pg 4/5 H230003923673

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>	Name	Address	Type of Action
MGR	WILSON L RIOS BUJAK	750 SW 2ND ST APT 1	
		MIAM1, FL 33130	= Remove
	•		Change
MOR	EDDUIN DEYAN NARVAEZ	8422 NW 66TH ST MIAMI, FL 33166	■ Add
		:	□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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ffective date, if other than the effective date is listed, the date in this ocument's effective date on the	ust be specific and cannot be block does not meet the a	prior to date of filing opplicable statutory fi	r more than 90 days	optional) after filing.) Pursuent s, this date will not b	to 605.020 e listed a
				of:∂h) The 90th day	y sufter the
	tive date, but not an effect	ive time, at 12:01 au	n, on the earner	or. (o) The your da.	
record specifies a delayed effect is filed. NOVEMBER 13 ated	tive date, but not an effect	ive time, at 12:01 a.	n. on the earlier	or. (b) The your wa	

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