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COVER LETTER

Registration Section Division of Corporations

CARABAI.	LO MOLIVER INVESTMEN	FTS, LLC	
3JECT:	Name of Lim	ited Liability Company	
enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspon	ndence concerning this matter	to the following:	
	Peter B Weintraub Esq		
		Name of Person	
	Weintraub & Weintraub P	.A.	
		Firm/Company	
	7700 Congress Ave Suite	1110	
		Address	
	Boca Raton, FL 334787		
		City/State and Zip Code	
	pbw@weintraublawfirm.co		
		to be used for future annual report not	fication)
For further information co	incerning this matter, please c	all:	
Peter B Weintraub, Esq.		561 988-6411 at ()	
Name of	Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 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

CARABALLO MOLIVER INVESTMENTS, LLC

2023 JAN 24 PH 3: 22

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on 11/13/2019 and assigned orida document number _____L19000283395 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: ARDENIA ENTERPRISES 20 LLC ie new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter 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

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

mending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added removed from our records</u>:

ì	R	=	Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
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fective date, if other than the neffective date is listed, the date mote: If the date inserted in this becument's effective date on the I	e date of filing: st be specific and cann- lock does not meet t	he applicable			ling.) Pursuant to 605.0
ecord specifies a delayed effecti is filed.	e date, but not an el	ffective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t
January 20	20)23			
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//	Signature of a memb	er or authorize	d representative of a	member	

Filing Fee: \$25.00