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COVER LETTER

TO:

Registration Section

Div	ision of Corp	ocrations			
CHIP IE CYP.	CARRENO	ENTERPRISES LLC			
SUBJECT:	-	Name of Lin	nited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	idence concerning this matter	to the following:		
		FRANK E CARRENO JR	:		
		·	Name of Person		*** · · · · · · · · · · · · · · · · · ·
CARRENO ENTERPRISES LLC					
			Firm/Company		
		530 SE CLIFF RD			
			Address		
		PORT ST LUCIE, FLORI	DA 34984		
			City/State and Zip Co	xde	
		DD@PACKSTAX.COM			
		E-mail address: (to be used for future ann	ual report notific	cation)
For further in	nformation co	ncerning this matter, please c	ali:		
DOLORES I	L PACK E.A.		772 at ()	359-1520	
	Name of	Person	Area Code	Daytime	Telephone Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is	•	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ling Address: eistration So rision of Co b. Box 6327 lahassee, Fl	ection rporations	Regis Divis The (2415	Address: stration Sect sion of Corp Centre of Ta N. Monroe thassee, FL 3	orations llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARRENO ENTERPRISES LLC

#21 SE, 27 AH 7: 10

(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 $\frac{05/18/2021}{1}$ and assigned Florida document number L21000231643 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

Citv

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>	Name	Address 27 All 7: 10	Type of Action
AMBR	OMAR DICKSON	-1501 PLEASANTVIEW LN. SEBASTIAN, FL	.32958
			□Remove
		1100 Flagami Rd. SE, Palm Bay, FL 32909	≜ Change
			□Add
			□Remove
			□Change
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effective date is listed, the date mate: If the date inserted in this h	st be specific and cannot be prior to d	ate of filing or more than 90 days after filing.) Pursus e statutory filing requirements, this date will no	nt to 605.0
ument's effective date on the I	epartment of State's records.	sammery ning requirements, this take will in	t De listet
	e date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th	day after
s filed.			
JUNE 17	2021		
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