

121 000284493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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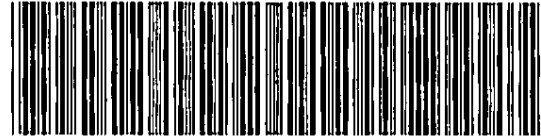
(Business Entity Name)

(Document Number)

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S. Chatham

Oct-7 2022

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUL -5 PM 3:52

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARUSAL 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:

JOSE LEON  
Name of Person  
LBS LEON BUSINESS SERVICES LLC  
Firm/Company  
8333 W MCNAB RD STE 114  
Address  
TAMARAC FLORIDA 33321  
City/State and Zip Code  
INFO@LEONBUSINESSERVICES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE LEON 954 323-9074  
Name of Person at ( ) 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BLANCA R SALCEDO	471 IVES DAIRY RD APT 307 C	<input type="checkbox"/> Add
		APT 307 C	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33179	<input type="checkbox"/> Change
AMBR	PATRICIA SALCEDO	471 IVES DAIRY RD	<input type="checkbox"/> Add
		APT 307 C	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33179	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ONLY REMOVING TWO MEMBERS FROM LLC

THANK YOU

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DIVISION OF CORPORATION  
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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

6/29

2022

*Carlos Salcedo*

Signature of a member or authorized representative of a member

*Carlos Salcedo*

Typed or printed name of signee