M21000284493

(Req	uestor's Name)	
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67/05/22--010-1--031 **25.00

S. Chatham Oct-7 2022

COVER LETTER

TO: Registration Division of C	Section orporations		
SUBJECT:	C	ARUSAL LLC	
	Name of L	mited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	abmitted for filing	
	oondence concerning this matte		
		JOSE LEON	
		Name of Person	
	LBS L	EON BUSINESS SERVICES LL	.C
		Firm/Company	
	8	333 W MCNAB RD STE 114	
		Address	
	T.		
		AMARAC FLORIDA 33321	
	INFO@I	City/State and Zip Code LEONBUSINESERVICES.COM	_
		(to be used for future annual report no	
For further information of	concerning this matter, please of		,
	LEON	954 323-9074	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	
P.O. Box 632 Tallahassee, F		The Centre of	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CARUSAL LLC			
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	06/18/2021	and assigned	1
Florida document number L21000284493				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here	<u>e</u> :		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "L1.C" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)			
Enter new mailing address, if applicable:			DIVIS 22 J	S: —
(Mailing address MAY BE A POST OFFICE BOX)			J- 0.8.	<u> </u>
			5	2) <u></u>
D. Is			P 3)C
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the name</u>		itere
			Trong	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		_
		Florida		
	City		Zin 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	BLANCA R SALCEDO	471 IVES DAIRY RD APT 307 C	□Add
		APT 307 C	
		MIAMI, FL 33179	
AMBR	PATRICIA SALCEDO	471 IVES DAIRY RD	
		APT 307 C	
		MIAMI, FL 33179	
			□ Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

ONLY REMOVING TWO M	EMBERS FROM LLC		
THANK YOU			
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etive date, if other than the date flective date is listed, the date must be If the date inserted in this block the must be the date inserted in this block that it is effective date on the Department's effective date on the Department.	c does not incer the applicable si	of filing or more than 90 days after atutory filing requirements, the	ional) or filing.) Pursuant to 605.0 ils date will not be liste
ord specifies a delayed effective d filed.	ate, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after
6/29	2022		
1	α $\hat{\alpha}$	0	

Filing Fee: \$25.00