## LZ1000349309

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<b>^</b> .	٠	

Office Use Only



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09/20/21--01024--013 \*\*25.00

21 00T 19 PH 3: 01

T. MATTHEWS OCT 2 8 2021



September 30, 2021

ELIAS CORREA MENENDEZ 9700 S. DIXIE HWY PH 1100 MIAMI, FL 33193

SUBJECT: CARTERION, LLC Ref. Number: L21000349309

We have received your document for CARTERION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00023691

Tekayla T Matthews OPS

www.sunbiz.org

Division of Communitions D.O. DOV 6207 Well-house Florida 20214

## **COVER LETTER**

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TO: Registration Se Division of Cou			
CARTERIO			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elias Correa Menendez		
		Name of Person	
	Trembly Law Firm, P.L.		
		Firm/Company	
	9700 S. Dixie Hwy., PH 1	100	
	<del>-</del>	Address	
	Miami, FL 33193		•
		City/State and Zip Code	
	Elias@tremblylaw.com		
Cur finish in information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)
	concerning this matter, prease c		
Elias Correa Menendez		305 431-5678 at ()	ne Telephone Number
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 633		The Centre of	
Tallahassee,	rl 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1. A. F. S. S. S. S.

21 OCT 19 PM 3:01

CARTERION, LLC

company has been notified in writing of this change.

(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 I	Liability Company were filed	I on 08/03/2021	and assigned
Florida document number L21000349309			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		··· <del></del>
(Principal office address MUST BE A STRE.	ET ADDRESS)		
n a ser de la compania			
Enter new mailing address, if applicable:		<u>.                                    </u>	
(Mailing address MAY BE A POST OFFICE	<u></u>		<del></del>
	<del></del>		
B. If amending the registered agent and/or agent and/or the new registered office address.	· ·	1 our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	Trembly Law Firm, P.L.		
New Registered Office Address: 9700 S. Dixie Highway		enthouse 1100	
	E	nter Florida street address	
	Miami	Flor	ida <u>33156</u>
	City		Zip 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

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

21 007 19 PH 3: 01

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lashai Luxury Rentals FL, LLC	8111 SANDPIPER CIRCLE, UNIT 417	□Add
		NOTTINGHAM, MD 21236	■Remove
			Change
AMBR	Teonia Robinson	8111 SANDPIPER CIRCLE, UNIT 417	<b>■</b> Add
	NOTTINGHAM, MD 21236	□Remove	
		Change	
			□Add
			□Remove
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		🗆 🗆 Add	
			Remove
			☐Change
		<del></del>	□Add
		□Remove	
		□ Change	
			□Add
			🖸 Remove
			□ Change

	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	21 007 19 PH 3: 01
<u> </u>	
<u>:</u>	
	<u> </u>
<del></del>	<del></del>
	<del></del>
E. Effective date, if other than th	e date of filing: (optional)
(If an effective date is listed, the date m	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( lock does not meet the applicable statutory filing requirements, this date will not be listed as t
If the record specifies a delayed effect record is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 14	2021
	Re
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee