

L21 000398935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

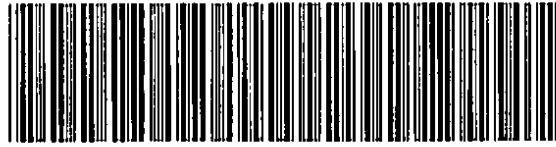
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22 SEP -9 PM 1:43
DIVISION OF COURT CLERKSHIP
CLERK OF SUPERIOR COURT

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CARVAL COMPANY 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:

DIEGO FONSECA

Name of Person

DIEGO FONSECA

Firm/Company

1989 NE 163 RD, ST

Address

NORTH MIAMI BEACH, FLORIDA, 33162

City/State and Zip Code

nexus@nexusociety.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO FONSECA

Name of Person

786

at ()

Area Code

7402249

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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REGISTRATION
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CARVAL COMPANY LLC

(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 09/08/2021 and assigned
Florida document number L21000398935

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 "L.L.C."

Enter new principal offices address, if applicable:

3062 MENORCA CT, KISSOMMEE FL 34744

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3062 MENORCA CT, KISSOMMEE FL 34744

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

Florida

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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

of 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>
MGR	OFELIA NOGUERA	3062 MENORCA CT, KISSOMMEE FL 34744	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CRISTIAN BERMUDEZ	3062 MENORCA CT, KISSOMMEE FL 34744	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMADO JOSE BERMUDEZ	3062 MENORCA CT, KISSOMMEE FL 34744	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Change

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OFFICE OF THE
CLERK OF THE
CITY OF TAMPA

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

CHANGE ADDRESS: NEW BUSINESS AND MAILING ADDRESS: 3062 MENORCA CT, KISSOMMEE

FL 34744

ADD MGR CRISTIAN BARMUDEZ: ADDRESS: 3062 MENORCA CT, KISSOMMEE FL 34744

ADD MGR AMADO JOSE BERMUDEZ: ADDRESS: 3062 MENORCA CT, KISSOMMEE FL 34744

CHANGE ADDRESS OF MANAGER OFELIA NOGUERA: 3062 MENORCA CT, KISSOMMEE FL 34744

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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 _____

Diego Fonseca

Signature of a member or authorized representative of a member

DIEGO FONSECA

Typed or printed name of signee