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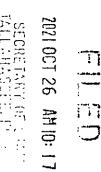
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Cor			*
	AARKETER LLC		
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:	
	Javier E Guzman Velasco		
		Name of Person	
	CARIBE MARKETER LI	C	
		Firm/Company	
	19370 COLLINS AVE 10		
		Address	<del></del>
	SUNNY ISLES BEACH.	FL 33160	
		City/State and Zip Code	
	USTUEMPRESA@GMAII	COM to be used for future annual report noti	Continus
For further information of	concerning this matter, please c		Hearthy
Javier E Guzman Velaso		786 3400372	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t			- 040 00 FM 1:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addre		Street Address:	otion
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 63:	•	The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 26 AM 10: 17

CARIBE MARKETER LLC		SECRETARY OF BELL
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company)	SECRETARY OF STAND FALLAHASSEE, FELF
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000450073	ny were filed on 10/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
NA		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent: NA		
New Registered Office Address:	Enter Florida street address	
	F1	4.1
	Flor	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 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>	Address	Type of Action
AMBR	RAFAEL CARRASCO GANDICA	19370 COLLINS AVE, APT 1014	<b>≣</b> ∧dd
		SUNNY ISLES BEACH, FL 33160	□Remove
NA	NA	NA 	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□ Change
NA	NA	NA	
			□Remove
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ote. If the date inserted in this block	caces not meet the applica	ible statutory filing requir	ements, this date will not be	listed as
ocument's effective date on the Depa	riment of State's records,			
record specifies a delayed effective da is filed.	ate, but not an effective til	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
ned	2021			
ned	·	<del>-</del> '		
	Javier G	iuzwan		
Sig	mature of a member or autho	rized representative of a mer	nber	-
JAVIER E GUZMAN VEL	4.44.4.5			