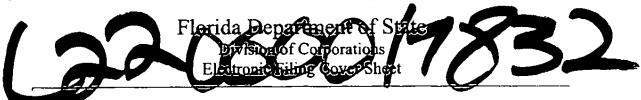
3/16/22, 1:48 PM

Division of Corporations



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(((H22000098827 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144

Fax Number : (786)477-5802

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Registration Section

Tallahassee, FL 32314

Fax Services

COVER LETTER

Division of Co	porations		
CARVECA	AR LLC	•	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DALBIS MATOS		
	<u> </u>	Name of Person	
	ASLAN TAX SERVICES	INC	
		Firm/Company	
	1770 WEST FLAGLER S	T STE5	
		Address	
	MIAMI, FL 33135		
		City/State and Zip Code	
	DALBIS@ASLANTAXSE		
	E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
DALBIS MATOS		305 644-9144 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address:	action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Fax Services

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARVECAR LL		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L22000017832</u> .	ny were filed on 01/05/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
Enter new mailing address, if applicable:	-	·
(Mailing address MAY BE A POST OFFICE BOX)		
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>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	fress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		r.,*
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	te performance of my duties, is provided for in Chapter 60	and I am familiar with and 5, F.S: Or If this document is
company has been notified in writing of this change.		FIL RIGHT
		-ED
		
It C	hanging Registered Agent, Signatu	re-of thew 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>	Name	Address	Type of Action
			□Remove
		 	□Change
			□Add
			Петоче
· ———			
			□Remove
			□ Add
			□ Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Remove
			□ Change

Fax Services

CONSUELO SANCHEZ

	PLEASE ADD THE EIN NUMBER BELOW
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an e lote:	tive date, if other than the date of filing:
	ord 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 filed.
atec	1
	Signature of member or authorized representative of a member

Typed or printed name of signee