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| (Re                                     | questor's Name)     | <del></del>   |  |
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| (Cir                                    | y/State/Zip/Phone # | <del>f)</del> |  |
| PICK-UP                                 | ☐ WAIT              | MAIL          |  |
| (Bu                                     | siness Entity Name  | )             |  |
| (Do                                     | cument Number)      |               |  |
| Certified Copies                        | _ Certificates o    | of Status     |  |
| Special Instructions to Filing Officer: |                     |               |  |
| J. HORNE                                |                     |               |  |
| JUN 2 8 2022                            |                     |               |  |
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Office Use Only



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| 2330 CLARE DRIVE<br>TALLAHASSEE, FL 32309<br>(850) 524-5437<br>(850) 524-624 |               | •   |
|--|---------------|---|
| PLEASE USE FUND FROM Authorization Signature:                                | _             | 00160 AMOUNT: 25.00   |
| CARBONELL, LLC<br>BUSINESS   | L_22000026092 | DOCUMENT #  |
| Walk in  |               | Pick up time  |
| Mail out   |               | Will wait   |
| Photocopy  |               |   |
| Certified Copy of Articl   | les           |   |
| Certificate of Status  |               |   |
| NEW FILINGS  |               | <u>AMMENDMENTS</u>  |
| Profit Not for Profit Limited Liability Domestication Other CORP             |               | XAmendmentResignation of R.A. Officer/IChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation |
| OTHER FILINGS  | REC           | GISTERATION/QUALIFICATION   |
| Annual Report  |               | oreign filing   |
| Fictitious Name  |               | Limited Partnership Reinstatement   |
|  | Other         |   |

| 2330 CLARE DRIVE<br>TALLAHASSEE, FL 32309<br>(850) 524-5437<br>(850) 524-624 |                     |  |
|--|---------------------|--|
| PLEASE USE FUND FROM T<br>Authorization Signature:                           | HE ACCOUNT: 1202100 | 00160 AMOUNT: 25.00  |
| CARBONELL, LLC<br>BUSINESS   | U                   | DOCUMENT #   |
| Walk in  |                     | Pick up time   |
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| Certified Copy of Article  | s                   |  |
| Certificate of Status  |                     |  |
| NEW FILINGS  |                     | <u>AMMENDMENTS</u>   |
| Profit Not for Profit Limited Liability Domestication Other CORP             |                     | X Amendment Resignation of R.A. Officer/D Change of Registered Agent Dissolution/Withdrawal Merger Conversion Revocation |
| OTHER FILINGS  | REC                 | SISTERATION/QUALIFICATION  |
| Annual Report  |                     | oreign filing  |
| Fictitious Name  |                     | Limited Partnership<br>Reinstatement   |
| APOSTILLE () _   | Other               |  |

## **COVER LETTER**

| Division of Cor                       |   |   |   |  |
|---------------------------------------|---|---|---|--|
| CARBON                                |   |   |   |  |
| 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:                         |   |  |
|                                       | Sandra Z. Green, Esq.                     |   |   |  |
|                                       | <del></del>                               | Name of Person                            | <del></del>   |  |
| JONATHAN II. GREEN & ASSOCIATES, P.A. |   |   |   |  |
| Firm/Company                          |   |   |   |  |
|                                       | 901 Ponce de Leon Boulev                  | vard, Suite 601                           |   |  |
|                                       |   | Address                                   | <del></del>   |  |
|                                       | Coral Gables, Florida 331;                | 34  |   |  |
|                                       |   | City/State and Zip Code                   |   |  |
|                                       | E-mail address: (                         | to be used for future annual report notif | icution)  |  |
| For further information c             | concerning this matter, please c          | all:                                      |   |  |
| Sandra Z. Green                       |   | 305 372-5100                              |   |  |
| Name o                                | d Person                                  |   | Telephone Number  |  |
| Enclosed is a check for t             | he following amount:                      |   |   |  |
| ■ \$25.00 Filing Fee                  | S30.00 Filing Fee & Certificate of Status | (additional copy is enclosed)             | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| Mailing Addres Registration (         |   | Street Address:<br>Registration Sec       | tion  |  |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARBONELL, 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 01/24/2022 Florida document number \_\_\_\_\_L22000026092 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 "LLC" 242 NW Le Jeune Road, 4th Floor Enter new principal offices address, if applicable: Miami, Florida 33126 (Principal office address MUST BE A STREET ADDRESS) 242 NW Le Jeune Road, 4th Floor Enter new mailing address, if applicable: Miami, Florida 33126 (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 City

## 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 |
|--------------|---|---------------------------------|----------------|
| MGR          | GARCIA, GERARDO L                                   | 2101 NW 110th Avenue            | 🗆 Add          |
|              |   | Miami, Florida 33172            | Remove         |
|              |   |                                 | □Change        |
| MGR          | LAG II Family Limited Liability Limited Partnership | 242 NW Le Jeune Road, 4th Floor | ≣Add           |
|              |   | Miami, Florida 33126            | □Remove        |
|              |   |                                 | □Change        |
|              | <del></del>   |                                 |                |
|              |   |                                 | Remove         |
|              |   |                                 |                |
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|                             |                          |                                 |   |                                       |                      |                                    |
| Effective                   | date, if other than (    | the date of filin               | g:  | to data of Elia                       | (option              | al)<br>ling.) Pursuant to 605,0207 |
| Note: If t                  | he date inserted in this | s block do <del>e</del> s not i | meet the applica                                    | ible statutory filing                 | requirements, this c | late will not be listed as         |
| document                    | s effective date on the  | 2 Department of S               | State's records.                                    |                                       |                      |                                    |
|                             |                          |                                 |   |                                       |                      |                                    |
| e record sp<br>rd is filed. | ecifies a delayed effe   | ctive date, but no              | t an effective ti                                   | ne, at 12:01 a.m. o                   | the earlier of: (b)  | The 90th day after the             |
| iu is incu.                 |                          |                                 |   |                                       |                      |                                    |
| Jur                         | e 26                     |                                 | 2022  |                                       |                      |                                    |
| Dated                       |                          |                                 | <i>,</i> —  | <del></del> ·                         |                      |                                    |
|                             |                          |                                 |   |                                       |                      |                                    |
|                             |                          |                                 |   |                                       |                      |                                    |
| -                           |                          | Signature of a                  | member or autho                                     | rized representative of               | f a member           | · <u>-</u>                         |

Filing Fee: \$25.00