

L22 000026092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

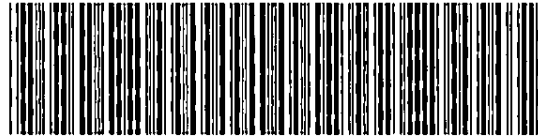
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JUN 28 2022

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FILED  
2022 JUN 27 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2022 JUN 27 PM 4:34  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUND FROM THE ACCOUNT: I20210000160 AMOUNT: 25.00

Authorization Signature: *James L. Allen*

CARBONELL, LLC L220000026092  
BUSINESS

DOCUMENT #

☐ Walk in

☐ Pick up time       

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**AMMENDMENTS**

☒ **Amendment**  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**  
☐ **Revocation**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ APOSTILLE ()         
Country

☐ Other

EXAMINER'S INITIALS:

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TALLAHASSEE, FL 32309  
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     Other

EXAMINER'S INITIALS:

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARBONELL, 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:

Sandra Z. Green, Esq.

\_\_\_\_\_  
Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

\_\_\_\_\_  
Firm/Company

901 Ponce de Leon Boulevard, Suite 601

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sandra Z. Green

305

372-5100

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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

FILED  
2022 JUN 27 AM 10:52  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
SECRETARY OF THE COURT  
TALLAMUSSE, JUDGE  
and

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

and assign

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GARCIA, GERARDO L	2101 NW 110th Avenue	<input type="checkbox"/> Add
		Miami, Florida 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAG II Family Limited Liability Limited Partnership	242 NW Le Jeune Road, 4th Floor	<input checked="" type="checkbox"/> Add
		Miami, Florida 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**