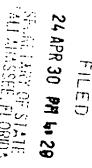
## 

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
·	,	
Certified Copies	Certificates	s of Status
		<u></u>
Special Instructions to	Filing Officer:	





04/30/24--01002--022 \*\*25.00



## **COVER LETTER**

TO: Registration Section **Division of Corporations** CARPE DIEM GROWTH & FINANCING LLC SUBJECT: \_ 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: Michael Arango Name of Person Firm/Company 8903 Glades Rd., Suite A14, Box 117 Address Boca Raton, FL 33434 City/State and Zip Code carpediemfinancinglle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 397-1999 Michael Arango Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARPE DIEM GROWTH & FINAN	CING LLC			
( <u>Name of the Limiter</u> (/	Liability Compa \ Florida Limited	iny as it now appears of Liability Company)	n our records.)	<del> </del>
he Articles of Organization for this Limited Lia lorida document number <u>L22000047479</u>		were filed on $\frac{01-26}{}$	-2022	and assigned
his amendment is submitted to amend the follow				
. If amending name, enter the new name of t	he limited liab	ility company here:	:	
ne new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the desig	gnation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		8903 Glades Rd., S	Suite A14, Box	117=29 2
		Boca Raton, FL 33	434	7 Pg
			· · · · · · · · · · · · · · · · · · ·	30
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		8903 Glades Rd., S	Suite A14, Box	- 뜨워 🚆 🗇
		Boca Raton, FL 33	434	29 216
. If amending the registered agent and/or re		address on our reco	ords, <u>enter the</u>	e name of the new regi
ent and/or the new registered office address	here:			
Name of New Registered Agent:	Michael Arang	0		
New Registered Office Address:	8903 Glades R	d., Suite A14, Box 11	7	
		Enter Florida	street address	
	Boca Raton		Floric	da <u>33434</u>
		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

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
MGR	Michael Arango	8903 Glades Rd., Suite A14, Box 117	<b>≣</b> Add
		Boca Raton, FL 33434	□Remove
			□ Change
AP CARMONA. LEIDY J	CARMONA. LEIDY J	2335 SW 82ND TERRACE	□Add
		NORTH LAUDERDALE. FL 33068	
			□Change
			□ Add
			□Remove
			□Change
		□Add	
			🗀 Remove
			Change
		<del>- 4.</del>	□Add
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Channo

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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 April 23 2024 Signature of a member or authorized representative of a member LEIDY J CARMONA

Typed or printed name of signce