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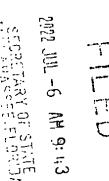
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COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

CUBLECT. CARLON	VIEDCINIA ID II C			
subject: <u>CARLO)</u>	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
	Amendment and fee(s) are sub	<u>-</u>		
r tease return an correspo	indence concerning this matter	to the following.		
	Corpor	ate Maintenance Le	ad	
		Name of Person		
Processing Department			2022 SE TAL	
		Firm/Company		2022 JUL -6 SECRETAR TATT / DASS
1450 Vassar St				-6 ASS
		Address		mo m
		Reno, NV 89502		9: 43 STATE STATE STATE
		City/State and Zip Code		তুলী ট
	E-mail address: (to be used for future annual report noti	fication)	
For further information e	oncerning this matter, please c	all:		
Process	ing Department	at (800) 638-2320		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpo	on	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARLOVIER	GINA JB, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on 05/31/22	and assigned
Florida document number L22000250214		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		ri 🍱 🗷
Enter new mailing address, if applicable:		123. S
(Mailing address MAY BE A POST OFFICE BOX)		- 1 π π π π π π π π π π π π π π π π π π π
		- 110
B. If amending the registered agent and/or registered of	office address on our records,	enter the name of the nev
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u> <u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as		2

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Viergina Jean Baptiste Alusma	.5524 Arnold Palmer Drive, Apt 1.115	🗹 Add
		Orlando	Remove
		FL, 32811	☑ Change
MGR_	Ziergina Jen Baptiste	5524 Arnold Palmer Drive, Apt 1115	🗆 Add
		Orlando	☐ Remove
		FL, 32811	Change
			Remove
			TALLANDOS STELLES
		· • • • • • • • • • • • • • • • • • • •	Remove 5 Com Remove 5 Com & Co
			Add
			Remove
			Change
			🗆 Add
			Remove
			☐ Change

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			_
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	Dated June 22 . 2022.		
	Carlo Tean Babliste Signature of a member or authorized representative of a member		
Carlo Jean Baptiste			

Page 3 of 3

Filing Fee: \$25.00