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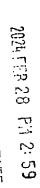
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COVER LETTER

TO:

	egistration Se vision of Cor					
CIII IE OT	THECOLA	RTE LLC				
SUBJECT	;	Name of Lim	ited Liability Company	,		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	m all correspo	ndence concerning this matter	to the following:			
		Carlos Olarte				
			Name of Persor	I		
		THECOLARTE LLC				
			Firm/Company			
		6806 N. Coolidge Av.				
			Address			
		Tampa, Florida, 33614				
			City/State and Zip C	lode		
		carlos-olarte@live.com	7.			
For further	information c	n-mail address: (oncerning this matter, please c	to be used for future an	inual report notifi	ication)	2071, FEB
Carlos Ola	ne		813 at (8340073)		-R 28
	Name o	f Person	Area Code	Daytime	Telephone Number	PA 2:
Enclosed is	a check for th	ne following amount:				SE SE
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop tadditional copy	у	Certified C	of Status &
	ailing Addres			et Address:	4 : a.z.	
	egistration S ivision of C			istration Sec ision of Corp		
Ρ.	O. Box 632	7	The	Centre of Ta	allahassee	
T:	allahassee, I	FL 32314	241	N. Monroe	Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THECOLARTE LLC				
(<u>Name of the Lim</u>	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited I	Liability Company were f	iled on June 20, 2022	and assign	ned
Florida document number L22000278191	<u>.</u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability co	mpany here:		
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the	he abbreviation "L.L.C	• 1•
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable:	***			
Mailing address MAY BE A POST OFFICE	<u></u>			
				•
If amending the registered agent and/or igent and/or the new registered office addre	U	s on our records, <u>enter the i</u>		egister
			2024 FEI	_
Name of New Registered Agent:	Carlos Olarte			- Tu]
New Registered Office Address:	6806 N. Coolidge Av.		28	
		Enter Florida street address	7 7	 ;
	Tampa	, Florida	33614 (🖂	ار .
	Cii	y	-Zip.Code 5	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Carlos Olarte	6806 N. Coolidge Av. Tampa, FL, 33614	
			□Remove
			□Change
MGR	Hernando E. Olarte	6806 N. Coolidge Av. Tampa, FL, 33614	□Add
			■Remove
			□Change
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	Fehr	uary 20, 2024			ن ر	PH 2
ective date, if other than the effective date is listed, the date m	te date of filing:	be prior to date of	filing or more than	(optiona 90 days after filir	d) ng.) Pursuanți	 ၂၂ ၁၀ 6055020
te: If the date inserted in this cument's effective date on the	block does not meet the	applicable statu	ttory filing requir	ements, this da	te will not b	e listed a
ecord specifies a delayed effect s filed.	ive date, but not an effe	ctive time, at 12	:01 a.m. on the e	arlier of: (b)	The 90th day	after the
February 22	2024		· W//			
. ••••			$^{\prime}$ $^{\prime}$ $^{\prime}$ $^{\prime}$	/		

Typed or printed name of signee