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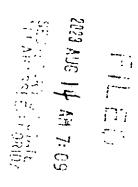
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## **COVER LETTER**

TO: Registration Division of 0	n Section Corporations			
	o-Carvel, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	Sixto R Cornejo Zavala			
		Name of Person		
	Comejo-Carvel, LLC			
	<u> </u>	Firm/Company		
	17054 Seville Orange Roa	d		
	4	Address		
	Winter Garden, FL 34787			
	<del></del>	City/State and Zip Code		
	dcarvel94@gmail.com	to be used for future annual report no		
For further information	on concerning this matter, please c		meanon	
Sixto Cornejo Zavala	1	786 252-4063		
Nan	ne of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	e Solution Status Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Add		Street Address: Registration S	action	
Registration Division o	on Section f Corporations	Registration So Division of Co		
P.O. Box 6	•	The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Comejo-Carvel, 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 08/16/2022 and assigned Florida document number L22000361031 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Comejo-Carvel, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 17054 Seville Orange Road Enter new principal offices address, if applicable: Winter Garden, FL 34787 (Principal office address MUST BE A STREET ADDRESS) 17054 Seville Orange Road Enter new mailing address, if applicable: Winter Garden, FL 34787 (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 Florida

## 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>	Address	Type of Action
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lf an et	ctive date, if other than the date of filing: effective date is listed, the date must be specific and canno : If the date inserted in this block does not meet th	t be prior to date of filing or	more than 90 days after fili	ng.) Pursuant to 605.0207 (
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Dated	d 08/09/23		L	_
	ç	Sixto Cornejo	3 /7-1	./

Filing Fee: \$25.00

Typed or printed name of signee