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(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
SUBJECT: &	oL CAK3'S		
		mited Liability Company	
The engloced Aminton	CAmound on the case		
	f Amendment and fee(s) are sul		
Please return all corresp	ondence concerning this matter	to the following:	
	Laleshka (Caraballo Nipures	
		Name of Person	
	IN	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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		Firm/Company	
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		City/State and Zip Code	
	19/05h/cacavak	oallà Quah à com to be used for future annual report notifica	
For familiar 1 C 2			ition) .
ror further information c	concerning this matter, please co	all:	
1 colospica (avaballo Nieve	5 762 M20 /	÷ :
Name o	Person		elephone Number
			orephone (valide)
	A.1.		
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		, , , , , , , , , , , , , , , , , , , ,	(additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address:	
Division of C		Registration Section Division of Corporation	
P.O. Box 632		The Centre of Tall	ahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&L CARSS LLC			
(<u>Name of the Limited Liab</u> (A Flori	lity Company as it now appears on our reco da Limited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Company were filed on			
lorida document number L23000039742			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the lin	nited liability company here:		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	C" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
		-	r 1 t-
		Į -	:
nter new mailing address, if applicable:			iss
Mailing address MAY BE A POST OFFICE BOX)		,	
			:
		7.7	iv.
. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, ente	r the name of	f the new regi
the new registered office address fiere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	2.5.5	
	, F	lorida	
	Cuy	7	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 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	Laleshka Caraballo Nieves	5806 London Court, Groveland Fl 34736	
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department.	ck does not meet the	e applicable stat	filing or more than utory filing requir	(option 90 days after fements, this	n al) iling.) Pun date will	suant to 66 not be li	05.020 sted a
cord specifies a delayed effective s filed.	date, but not an effe	ective time, at 1	2:01 a.m. on the e	arlier of: (b)	The 901	th day afi	ter the
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