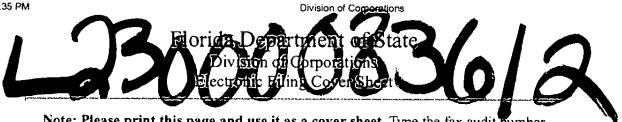
6/21/23, 12:35 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000221483 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LORES LAW PLLC Account Number : I20230000079 Phone : (305)433-7701 Fax Number : (305)433-7709

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: adrian@lorestaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARLA PRODUCTIONS LLC

Today of the Market State Of the State Of th

Certificate of Status	0
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Help

Tallahassee, FL 32314

COVER LETTER

TO: Registration S Division of Co	ection rporations		
: CARLA P	RODUCTIONS LLC		
SUBJECT:	RODUCTIONS LLC Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	·	
	Adrian Lores De La Pena		
		Name of Person	
	Lores Law PLLC		
		Firm/Company	
	550 Biltmore Way, Ste 12	01	
		Address	•
	Coral Gables, Florida 331	34	
	info@loreslaw.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Adrian Lores De La Pen	aa.	305 433-7701 at ()	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of 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 Addres	_	<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CARLA PRODUCTIONS LLC		
(Name of the Lin	mited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited	Liability Company were filed on _	02/15/2023 and assigned
Florida document number L23000083612	<u></u> .	
This amendment is submitted to amend the fo	ollowing:	
a. If amending name, enter the new name	of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the	e words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	
	EET ADDRESS	
<u>Principal office address MUST BE A STRE</u>		
Principal office address MUST BE A STRE Cnter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC		20°9
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>	: : : : : : : : : : : : : : : : : : :
Cnter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC 3. If amending the registered agent and/or	E BOX) r registered office address on our	records, enter the name of the new regi
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	E BOX) r registered office address on our	records, enter the name of the new regi
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC. B. If amending the registered agent and/or gent and/or the new registered office addi	r registered office address on our ress here:	records, enter the name of the new regi
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 1. If amending the registered agent and/or gent and/or the new registered office address agent and/or the new Registered Agent:	r registered office address on our ress here:	records, enter the name of the new region in the

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>	Name	Address	Type of Action
AMBR	Anabel Ramos	19620 SW Granello Terr	🗀 Add
		Port St. Lucie, Florida 34953	■Remove
			□Change
MGR	Anabel Ramos	1962 SW GRANELLO TERR	■Add
		Port St. Lucie, Florida 34953	□Removc
			☐ Change
			□Add
			□Remove
			□Add
			Remove
		* *	Change
			□Add
			□Remove
			□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 document's effective date on the Department of State's records. e 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 rd is filed.						<u> </u>	
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