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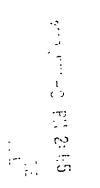
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(Address)				
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	KARE CAR SER	VICES, LLC		
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KAR	ELLYS L ARAQUE		
		Name of Person		
	\triangle	orelless L ARaqu	<i>የ</i>	
	/	grm/Company 1		
3559 NW 9TH TERRACE				
Address				
	(DAKLAND , FL 33309		
		City/State and Zip Code		
	karellyslisseth29@hotmail.c	·		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please e	all:	- 3	
KARELLYS	L ARAQUE	561 767-1739 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
			- 7	
Enclosed is a check for th	he following amount:		2	
□ \$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, G Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	wtian	
Registration Section Division of Corporations		•	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARE CAR SERVICES , L		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number 1.23000188477	were filed on 04/16/2023	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation #1.L.C."
nter new principal offices address, if applicable:	240 NE 38TH ST	,
Principal office address MUST BE A STREET ADDRESS)	APT 14	:
	OAKLAND PARK, FL 33334	1
nter new mailing address, if applicable:		?
Mailing address MAY BE A POST OFFICE BOX)		ن. ن
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new regis
None Design and OCC as Addison		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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 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
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			☐ Change
			☐ Remove
			□Remove
			□ Change
			□Add
			□Remove
			□ Chaptre

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _ MAY 29 KARELLYS L ARAQUE Typed or printed name of signee