## L23000305228

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

CARTMA' SUBJECT:	Y LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Guillermo CartayaAlema	ny	
		Name of Person	<del></del>
	CARTMAY		
		Firm/Company	<del></del>
	5550 E Michigan St. AP	r 2126	
		Address	<del></del>
	Orlando, FL. 32822		
		City/State and Zip Code	
	elcarta2023@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Guillermo CartayaAlemany		407 627-5610 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

**CARTMAY LLC** 

2023 JUL 27 PM 3: 57

(Name of the Limite	d Liability Compar	ny as it now appears on our rec iability Company)	ords.) ''' 3. 3/
(	A Florida Limited L	liability Company)	TATTAMENTAL
The Articles of Organization for this Limited Lia	tille C	66-26-2023	TALLAHASSEE. FLORIDA and assigned DA
<u> </u>	ibility Company	were filed on	and assigned
Florida document number L23000305228	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ity Company." the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET		12251 Cypres	s Knee Cir Orlando
		Florida 3282	-S Knee Cir Orlando
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	BOX)	<del> </del>	
			1. 1./ <u>/4./.</u>
B. If amending the registered agent and/or re	gistered office a	ddress on our records, ent	er the name of the new registere
agent and/or the new registered office address	.,	edites on our records, <u>em</u>	er the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	ew Registered Office Address: 10251 Cypress Knee Cir		
		Enter Florida street add	ress
	Orlando	·	Florida 32825
		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 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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fective date, if other than the date of filing: n effective date is listed, the date must be specific and co	annot be prior to	date of filing or n	ore than 90 days aft	t <b>ional)</b> er filing ) Pr	irsuant to	o 605.02
ote: If the date inserted in this block does not me cument's effective date on the Department of Sta	et the applicab	le statutory filin	g requirements, th	nis date wi	ll not be	listed
ecord specifies a delayed effective date, but not a			on the earlier of: (	(b) The 9	0th day	after th
ted Joly , 21	2023	MX	_			
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