



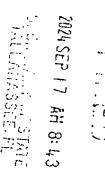
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Carbel Last	Mile, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Edu	ardo Sanjurjo	
		Name of Person	
		Firm/Company	
	12466 W A	Atlantic Blvd.	
		Address	
	Coral Sprir	ngs, FL 33071	
		City/State and Zin Code	·
		carbel-wd.com (to be used for future annual report not)	ification:
For further information	concerning this matter, please o	·	·
Eduardo Sanjurjo	o	OEA 757 0221	2
Name	of Person	at (<u>954) 757-333</u> Area Code Dayrim	5 Telephone Number
Enclosed is a check for	the following amount:		
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O	Section	Street Address: Registration Se	
P.O. Box 63:		Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carbel Last Mile, 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 8/10/2023 and assigned Florida document number <u>L23000376537</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sanbo Last Mile, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 City 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Remove
		□Add	
			Remove
			☐ Change
	• •	□Add	
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			Remove
			Change

Note:	ive date, if other than the date of filing: [coptional] [coptional]
the reco	rd 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 led.
Dated	09/11/2024
	X
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00