L23000503461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) states 2 pt Horizon,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	arez Rodriguez LLC				
SUBJECT:Name of Limited Liability Company					
	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
	Carolina Suarez Rodriguez	:			
		Name of Person			
	Carolina Suarez Rodriguez				
	Firm/Company				
	9005 Carlotta Way				
Address					
	Kissimmee, FL 34747				
		City/State and Zip Code			
	inforealestatecsr@gmail.co	m to be used for future annual report noti	Gartion)		
		·	(ication)		
For further information c	oncerning this matter, please e	ali:			
Carolina Suarez Rodriguez		321 900-9244 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 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 Address:

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carolina Suarez Rodriguez LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000503461</u> .	were filed on November 06, 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:	
Suarcz Rodriguez Carolina C LLC		,
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:	9005 Carlotta Way	
Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34747	y
		÷.
nter new mailing address, if applicable:	Same Principal office address	
Mailing address MAY BE A POST OFFICE BOX)		 .
	_	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u> i	ne of the new regist
Name of New Registered Agent:		
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 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
			Change
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			□Remove
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ective date, if other than the	date of filing: 01/01.			(optional)	
effective date is listed, the date muster: If the date inserted in this bl	t be specific and cannot b	c prior to date of filin	ig or more than 90 day	s after filing.) Pursuant t	o 605.020 e listed a
nument's effective date on the D	epartment of State's re	cords.			
			4		0 1
cord specifies a delayed effectiv s filed.	e date, but not an effec	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th day	alter the
January 03 ed	, 2024	·			
1.5/					
/// / ١٧	· /				
(Varoliva) Z	Signature of a member of	r authorized represe	ntative of a member		_

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration So Division of Cor				
Carolina Suarez Rodriguez LLC SUBJECT:					
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Carolina Suarez Rodriguez	?		
			Name of Person		
		Carolina Suarez Rodriguez	2		
	•		Firm/Company		
		9005 Carlotta Way			
Address					
		Kissimmee, FL 34747			
			City/State and Zip Code		
		inforealestatecsr@gmail.co	m to be used for future annual report n	otification)	
For furth	er information c	oncerning this matter, please c	•	ornamion,	
	Suarez Rodrigu	•	321 900-9244		
Name of Person		at () Area Code Dayt	ime Telephone Number		
Enclosed	l is a check for tl	ne following amount:			
□ \$2 5.	00 Filing Fee	☐ \$30.00 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 Division of C	Section	Street Address: Registration S Division of C		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810