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PICK-UP	WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	of Status	
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12/18/2023

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CaBar Cons	sulting LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Cristian Hernan Canencio	Barbosa	
	CaBar Consulting LLC	Name of Person	
		Firm/Company	
	125 NE 32nd St. Apt 811		
		Address	
	Miami, FL, 33137		
	cristianhcb88@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Cristian Hernan Canencie		512 924-1230	
		at () Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 DEC -6 PH 5: 30

CaBar Consulting LLC

(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	. • ;
The Articles of Organization for this Limited L Florida document number L23000520690		were filed on November 17, 2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		125 NE 32nd st.	
		Apt 811	
		Miami, FL, 33137	
Enter new mailing address, if applicable:		125 NE 32nd st.	
(Mailing address MAY BE A POST OFFICE	BOX)	Apt 811	
		Miami, FL, 33437	
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:	ss here:	n Canencio Barbosa	FI.
		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
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	11.28	.2023		
Note: If the date inserted in	an the date of filing: ate must be specific and cannot be this block does not meet the the Department of State's re	applicable statutory fili	(option: more than 90 days after fili ing requirements, this di	ing.) Pursuant to 605.0207 (3)(
e record specifies a delayed e d is filed.	ffective date, but not an effec	ctive time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
November 28th Dated	. 2023	(43)		
	Signature of a mambar	or alithorized representative	a of a manihar	
, , , , , , , , , , , , , , , , , , ,		n aumorized representativ	e or a memoer	
Cristian Hernan C				
	Typed c	r printed name of signee		

Filing Fee: \$25.00