## L23000537171

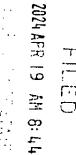
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	•	J. HORNE MAY 15 2024

Office Use Only



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March 25, 2024

MARIA D. CARPINTERO 1206 W. KALEY AVE ORLANDO, FL 32805 US

SUBJECT: MARIA D. CARPINTERO VAZQUEZ, LLC

Ref. Number: L23000537171

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document number of the name conflict is L23000169248.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 024A00006329

Rec 4/19

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Large D. Carpin Lio Vazavez LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LIGITIO D. COMPINTARD Name of Person
STO MEDINING SOLUTION LLC
1200 W. Kalay Au.,
Orlando, TL 32805 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (717) 830 - 17461  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certified Copy  (additional copy is enclosed)  S60.00 Filing Fee,  Certificate of Status & Certified Copy  (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

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

FIL

	,OF .	WZ4AD- CD
Haria D. Carpint (Name of the Limited Liabili (A Florida	ity Company as it how appears on o	ur records.)
The Articles of Organization for this Limited Liability Colorida document number <u>L2300053717</u>	Company were filed on	1. 04 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lime of		tion "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our record	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
<u> </u>		, Florida Zip Code
	City	Lip Code

New Registered Agent's Signature, if changing Registered Agent:

**y** .

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
			□ Add
			,   Remove
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an effect ote: If	date, if other than the date of filing:	207 l as
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
ated	Narch 8 2024.	
	Signature of a member or authorized representative of a member	
	Maria D Car Sulters Vapares	

Filing Fee: \$25.00