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COVER LETTER

TO: Registration S Division of Co			
SUBJEC'T:	WCC CARI	PENTRY, LLC.	
SUBJECT:	Name of Lin	nited Liability Company	.
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	V	VILFREDO CORDERO COSTA	
		Vame of Person Firm Company	
		2130 NE 8 PL	
		Address	
	(CAPE CORAL, FL 33909	
		City/State and Zip Code	
		locordero 1504@gmail.com	
		to be used for future annual report no	ntification)
For further information	concerning this matter, please c	all:	
WILFREDO CORDE	ERO COSTA	239 373-9572 at ()	
Name	of Person		me Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	cust in
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 6327		The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C CARPENTRY, LLC.	2014	13 F112: 17
(Name of the Limited Liz (A Flo	ability Company as it now appear orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Torida document number <u>L24000020638</u>	ly Company were filed on	01/09/2024	and assigned
his amendment is submitted to amend the following	<u>:</u> :		
a. If amending name, enter the new name of the	limited liability company he	ere:	
he new name must be distinguishable and contain the words	Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET AL</u>	DDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		
	-		
 If amending the registered agent and/or registor gent and/or the new registered office address her 		ecords, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:			
N. D. : 1007			
New Registered Office Address:	Enter Flor	ida street address	
	City	, Florida _	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
MGR	WILFREDO CORDERO COSTA	2130 NE 8TH PL CAPE CORAL FL 33909	■Add
			□Remove
			□Change
			□Add
			[]Remove
			□Add
			🗀 Remove
			□Change
			🗆 Add
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			□Change
			🗆 Add
			©Remove
			□ Change
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			□Remove
			Change

	
lf an cf <u>Note:</u>	five date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e recor rd is fi	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 lied.
Dated	FEBRUARY 07 2024
	Signature of a member or authorized representative of a member
	WILFREDO CORDERO COSTA
	Typed or printed name of signee