L24000127-488

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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300426922823

04/02/24--01021--011 **25.00

COVER LETTER

TO:

	ation Sec 1 of Corp				
CA SUBJECT:	ROLINA	EVJC INVESTMENTS LLC			
SUBJECT:		Name of Lim	ited Liability Company	,	
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all o	correspon	dence concerning this matter	to the following:		
		EMILIO ECHEVERRI			
			Name of Person	ı	
			Firm/Company		
		888 S DOUGLAS RD, PH			
		CORAL GABLES, fL 331	Address 34		
			City/State and Zip C		
		eecheverrij@gmail.com	Chyrotate and Zip C	ode	
.				nual report notification)	-
For lurther inforn	nation cor	eerning this matter, please ca	all:		
CAROLINA EC.	HEVERR	Ī	l at (7865567033	
	Name of I	Person	Area Code	Daytime Teleph	none Number
Enclosed is a che	ck for the	following amount:			
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing I Certified Cop (additional copy)	y	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ation Se	ction		et Address: istration Section	
Divisio	on of Co	rporations	Divi	ision of Corporati	
	ox 6327 issee. FL			Centre of Tallaha 5 N. Monroe Stree	
i anana	ijour i L	1 C=C 1 T		J IN. MICHIGE BILL	a, Juic 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

'amnuny as it now annears on our records)	
mited Liability Company)	
npany were filed on March 14, 2024	and assigned
d liability company here:	
Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
SS)	
	- :
ffice address on our records, enter the na	me of the new regis
	. I
	-
	, 5
Enter Florida street address	
Date Frontier of Containers	
Florida _	Zip Code
ī	I liability company here: Liability Company," the designation "LLC" or the

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>	<u>Address</u>	Type of Action
MGR	ANDRES ECHEVERRI	888 S DOUGLAS RD, PH17	= Add
		CORAL GABLES, FI 33134	□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
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