L24000/42279

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COVER LETTER

TO:	Registration Sec Division of Cor			
CHAR		OS PIONEROS ENTERPRIS	ES, LLC	
SUBJEC		Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ndence concerning this matter	to the following:	
		ANTIONETTE WIL	MORE	
			Name of Person	
		CAMINOS PIONERO	OS ENTERPRISES, LLC	
			Firm/Company	
		5379 Lyons Rd. Ste: 16	63	·
		-	Address	
		Coconut Creek Fl 33073		
			City/State and Zip Code	
		support@caminospioner		,
		E-mail address: (to be used for future annual report notification	on) . Ch
For furth	ier information co	oncerning this matter, please c	all:	
Antio	onette Wilmore		561 467-9705 at ()	
	Name of	Person	at () Area Code Daytime Tele	phone Number
Enclosed	d is a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Section	1

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMINOS PINERO	OS ENTERPRISES, LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) .united Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on03/21/2024	and assigned
Florida document numberL24000142279	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
CAMINOS PIONEROS ENTERPRISES. LLC		•
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE		
rtincipal office address SIOST BE A STREET ADDRE	<u> </u>	
		,
		· •
Enter new mailing address, if applicable:		- · · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		C .
3. If amending the registered agent and/or registered	office address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Niam Davids and Office Address		
New Registered Office Address:	Enter Florida street address	
	77	
	Flori	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
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			□Remove
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fective date, if other than the date of filing:	applicable statutor	ng or more than 90 days ry filing requirements	optional) after filing.) Pursuant to 605.02 , this date will not be listed :
ecord specifies a delayed effective date, but not an effective date, but not an effect is filed.	tive time, at 12:01	l a.m. on the earlier o	f: (b) The 90th day after th
05/07 20:	24		
	AMI	<i></i>	

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