

L24000165944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

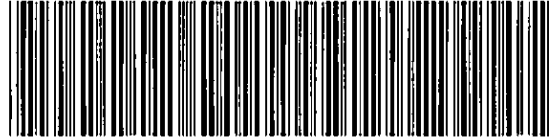
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



800430291748

08/11/24--01019--008 **20.00

FILED
2024 JUN 11 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARBALLOSA NATURE'S TOUCH
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:

Oslay Carballosa
Name of Person

Oslay CARBALLOSA NATURE'S TOUCH
Firm/Company

611 NW KILDARE ST
Address

PORT SAINT LUCIE, FL 34983
City/State and Zip Code

CARBALLOSA OSLAY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oslay Carballosa at (772) 240 9233
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

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

Carballosa Nature's Touch LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/08/2024 and assigned
Florida document number L24000165944.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(SAME ADDRESS)

(SAME ADDRESS)

FILED
2024 JUN 11 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

(SAME) Oslay Carballosa

New Registered Office Address:

(SAME) 611 NW Kibake St.

Enter Florida street address

Port Saint Lucie, Florida 34983
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.

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I want to keep everything the same, but to
amend the owner of the company it appears as
Carballosa Oslay O, SR and it should appear only
Carballosa Oslay please correct that thanks

E. Effective date, if other than the date of filing: 06/15/2024 (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 06/04/2024 12:00 PM.

T Oslay
Signature of a member or authorized representative of a member