

(Requestor's Name)				
(Ac	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





07/12/24--01009--015 **25.00



COVER LETTER

	istration Sect ision of Corpo		•		4 2
CAN IDAM	Khristiane Di	niz. LLC			
SUBJECT:		Name of Limi	ited Liability Company	· · · · ·	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Claudia Escobar Reyes			
			Name of Person		
		CBS Financial CPA PA			
			Firm/Company		
		6075 W Commercial Blvd			
			Address		
		Tamarac, FL 33319			
			City/State and Zip Code	·	
		elaudia@ebsfinancialepa.co	m to be used for future annual	report natification	
For further in	nformation con	neerning this matter, please or		report nouncation,	
Claudia			954 724	4-4141	
	Name of I	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	iling Address:		Street Ac	ddress:	

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

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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

Khristiane Diniz, LLC

(<u>Name of the Limite</u>)	A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number $\frac{1.24000223274}{1.000000000000000000000000000000000000$	bility Company	were filed on 05/14/2024	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
Carvajal Brothers Enterprises, LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity 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)		10922 W Sample Rd	
		Coral Springs, FL 33065	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10922 W Sample Rd Coral Springs, FL 33065	
B. If amending the registered agent and/or reagent and/or the new registered office address			ime of the new-registere
Name of New Registered Agent:			= = = = = = = = = = = = = = = = = = = =
New Registered Office Address:	10922 W Samp	ele Rd Enter Florida street address	
	Coral Springs	, Florida	33065
		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.

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>	<u>Address</u>	Type of Action
MGR	Carvajal, Jose N	10922 W Sample Rd	= Add
		Coral Springs, FL 33065	□Remove
			☐Change
MGR Diniz, Khristiane	Diniz, Khristiane	355 SW 35th Ave	□Add
		Deerfield Beach, FL 33442	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			□Change

Typed or printed name of signee