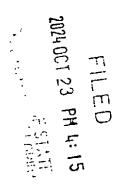


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNIE
NOV 1 4 2024





10/23/24--01038--010 **25.00



COVER LETTER

Registration Section
Division of Corporations

TO:

CHARLES AND CARD	MBIOS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JESUS QUINTERO		
		Name of Person	
		FirmvCompany	<u> </u>
	16860 SW 1ST STREET		
	PEMBROKE PINES, FL	Address 33027	
	dominicancpa@aol.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
JESUS QUINTERO		305 450-5222 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Addres Registration S Division of C P.O. Box 632 Tallahassec, 1	Section forporations 7	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

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

INSTACAMBIOS LEC

2024 OCT 23 PM 4:15

(Name of the Limited Liability Company as it now appears on our records

	(A Florida Limited Liability Company)		STATE
The Articles of Organization for this Limited L		TOBER 10, 2024	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	~*	cords, <u>enter the</u>	name of the new registe
	ICCHC M OHINTUDO		
Name of New Registered Agent:	JESUS M QUINTERO		
Name of New Registered Agent: New Registered Office Address:	16860 SW 1ST STREET		
	16860 SW 1ST STREET	ida street address , Florid	33027

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>	Address	Type of Action
AMBR	JOSE ALFREDO GARCIA	Gaston Guzman Quelantaro 6555. Comuna de Cerillo	os ≣Add
		Santiago de Chile, Chile 9200000	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

_		
_		
_		
-		
	-	
		
		
f an effect Note: 11	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior the date inserted in this block does not meet the applint's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 icable statutory filing requirements, this date will not be listed as s.
e record : d is filed		time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Oated _	OCTOBER 15 2024	Time of the state

•