L24000442699

(Re	equestor's Name)	
(Ac	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
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FEB 19 S. PRATHER

COVER LETTER

		COVER LETTER			
TO: Registration So Division of Co					
	GROUP LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Gabriel Carvajal				
		Name of Person			
	CARBER GROUP LLC				
	Firm/Company				
	PO BOX 16434				
,		Address			
	Plantation, Florida 3331	8			
		City/State and Zip Code			
	info@vmlegalservice.com E-mail address: (to be used for future annual report not	iffication)		
For further information of	concerning this matter, please c	all:			
Vanessa Marquez		954 3300293			
Name o	of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection		
Division of C P.O. Box 632	Corporations	Division of Co The Centre of	rporations		
Tallahassee.			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARBER GROUP LLC		
(Name of the Limited Liability Comp	pany as it now appears on our records.) Liability Company)	<u> </u>
(A Pionag Linneo	r Elability Company)	<u></u>
The Articles of Organization for this Limited Liability Compan	y were filed on 10/16/2024	and assigned
Florida document number L24000442689		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70.20
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
rance of the wingsagred Agent.		
New Registered Office Address:	Enter Florida street address	
	ismer i fortaa sireet aaalress	
	, Floric	laZip Code
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gabriel Carvajal Nino	PO Box 16434 Plantation, FL 33318	🗆 Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
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			□ Remove
			Change

	
	
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ective date, if other than the date of filing: 10/11/2024 (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the lift the date inserted in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records.	iling.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effective time, at \$2:01 a.m. on the earlier of; (b) s filed.	
January 9th	2025 J
January 8th 2025	. .
\ []	-
To 200 Vaca 00 7	-
Milanarez	
Signature of instructor or authorized representative of a member	