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COVER LETTER

TO:

Registration Section Division of Corporations

CARBER GROUP LLC SUBJECT:			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Gabriel Carvajal		
		Name of Person	
	CARBER GROUP LLC		
		Firm/Company	
	7174 NW 50TH STREET	SUITE #111	
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	info@vmlegalservice.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Vanessa Marquez		954 3300293	
Name (of Person	at () Area Code Daytin	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 (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 631 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARBER GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited	nv as it now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number 1.24000442689	were filed on 10/16/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7174 NW 50TH STREET	
Principal office address MUST BE A STREET ADDRESS)	SUITE #111	۲,
	MIAMI, FL 33166	125
Enter new mailing address, if applicable:	7174 NW 50TH STREET	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	SUITE #111	P 1 12:
 	MIAMI, FL 33166	72:
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ie name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida 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
MGR	Marquez, Vanessa		
		206 NW 135 Avenueunit 101 plantation, FL 33325	≡ Remove
			□Change
AMBR	CARVAJAL BERNAL, ANDRES		🗆 Add
		PO BOX 16434 PLANTATION, FL 33318	= Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			[]Chanaa

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 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. 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 List filed.		
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? Jabriel arvaja		
	ated	August 12th./2025.
		1 ? sabire/ arvara

Typed or printed name of signee

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