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D. BRUCE

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EXAMINES

COVER LETTER

Division of Cor	porations				
SUBJECT:	CARL	EVATO, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	PAUL E. SIBOLE, JR.				
		Name of Person			
	CARLEVATO, LLC Firm/Company				
	BOX 111, 221 BEACH RD.				
	0	ADACOTA EL 24040			
	SARASOTA, FL 34242 City/State and Zip Code				
	F	PESJ55@AOL,COM	Ā	; 'C.,	
	E-mail address: (to be used for future annual report notif	cation)) 60 	
For further information c	oncerning this matter, please of	all:	HAX	CC T	
laba A	M Danie Fan	0.14	Signal Control of the	ELL PH 3	
	V. Persse, Esq.	at (941) Area Code & Daytim	300-7589	⊋ m	
		riida code de Dayiini	LOA COR	<u>ن</u> ي	
Enclosed is a check for the	ne following amount:		TE IDA	16	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy)		

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE'S OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	_ CARLEVA	ATO, LLC			
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appea Liability Company)	ars on our records.		
The Articles of Organization for this Limited L. Florida document number	iability Company			and as	ssigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company he	ere:		
The new name must be distinguishable and end wit "L.L.C."		1 0		"LLC" or the	abbreviation
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		SARASO	EACH KOAT TTA, FL 34		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		ACH ROAD	4 3: 16 STATE FLORIDA	0
B. If amending the registered agent and/o	or registered of	SARASO		the name	of the new
registered agent and/or the new registered of					
Name of New Registered Agent:	PAUL E. SIL				
New Registered Office Address:	221 E	BEACH R	OAD	11	
	C.A.O.A	El	nter Florida street ac	7//2/	/ 1 _
	<u>OHCH</u>	City	, Florida _	Zip Coa	le
		•		-	

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Name JOHN PERSSE	Address	Type of Action
JOHN PERSSE		
	1800 SECOND STREET, SUITE 819 SARASOTA, FL 34236	Add _ Remove
PAUL E. SIBOLE, JR.	221 BEACH ROAD SARASOTA, FL 34242	Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
g any other information, enter change(s	here: (Attach additional sheets, if necessary.) ALLAHASSEE FLORIDA RATE	FILED O9 DEC 11 PH 3: 16
Signature of a member or PAUL E. SBOLE,	authorized representative of a member SR.	
	PAUL E. SIBOLE, JR. g any other information, enter change(s) NOVEMBER 20 , 2008 Signature of a member or PAUL E. SIBOLE,	SARASOTA FL 34236 PAUL E. SIBOLE, JR. 321 BEACH ROAD SARASOTA, FL 34242 g any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00