

LLC 17836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

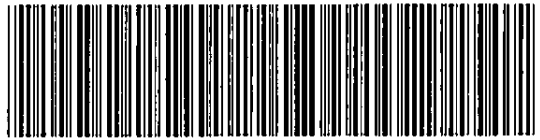
(Business Entity Name)

(Document Number)

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2023 APR 4 PM 1:30  
CLERK OF STATE  
TALLAHASSEE, FL

~~XXXXXXXXXX~~

R. HUNT

04/04/23

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Caraccio Company LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Caraccio  
Name of Person

Caraccio Company LLC  
Firm/Company

340 Royal Poinciana Way, Suite 317-359  
Address

Palm Beach FL 33480  
City/State and Zip Code

steve@cpoolspb.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
2003 MAR 14 PM 1:30  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Stephen Caraccio      561      267-5880  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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>	<u>Type of Action</u>
VP	Alexa Caraccio	340 Royal Poinciana Way Suite 317-359	<input checked="" type="checkbox"/> Add
		Palm Beach FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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NOT RECORDED  
STATE OF FLORIDA  
MAY 14 2014 PM 1:30

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information. A stamp is visible on the right side of the lines, oriented vertically, containing the text: '2023 MAR 14 PM 1:30', 'DEPT OF STATE', and 'TALLAHASSEE, FL'.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated MARCH 29, 2023

Signature of a member or authorized representative of a member

Stephen Caraccio

Typed or printed name of signee