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COVER LETTER

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

CAROLIN	A PAIGE 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	ondence concerning this matter	to the following:	
	INGRID PAIGE		
		Name of Person	
or further information conceance. CAROLINA PAIGE Name of Performance of the formation conceance.	CAROLINA PAIGE LLC		
	Name of Person CAROLINA PAIGE LLC Firm/Company 12925 TRADE PORT PLACE Address RIVERVIEW, FL 33579 City/State and Zip Code CAROLINA.PAIGE@YAHOO.COM E-mail address: (to be used for future annual report notification) Further information concerning this matter, please call: ROLINA PAIGE		
		Address	
	RIVERVIEW, FL 33579		
		City/State and Zip Code	
	•		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
CAROLINA PAIGE		at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	•	Division of Cor	porations
P.O. Box 632	$\cdot I$	The Centre of T	arranassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 *** | 17 | Alfi **7**: 54

CAROLINA PAIGE LLC

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

· · · · · · · · · · · · · · · · · · ·	A Florida Limited Liability Company	,	
The Articles of Organization for this Limited Lia	ability Company were filed on _	11/6/2018	and assigned
Florida document number L18000260759	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
INGRID CAROLINA PAIGE LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	e designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET			
			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered	gistered office address on our		
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	gistered office address on our		
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our		
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	gistered office address on our		
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our here:	records, enter the	
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office address on our here:		
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office address on our here:	records, enter the	e name of the new regist

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
MGR	INGRID CAROLINA PAIGE		□ Add
		 	□Remove
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
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ecord specifies a de is filed.	layed effective date, b	out not an effectiv	re time, at 12:01 a	m, on the earlier o	of: (b) The 90th day a	ofter the
AUGUST, 6	ЭТН	2020				
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	Signatur	re of a member or a	uthorized represent	tive of a member		