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(Re	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE FI

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COVER LETTER

TO:

	legistration Se Division of Cor			
SUBJECT	THE CICL	CARTER TEAM, LLC	·	
SOBJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		FELICITAS CARTER		
			Name of Person	
			Firm/Company	
		830 MOSSWOOD CHAS	E STREET	
			Address	
		ORANGE PARK, FL 320	65	
		-	City/State and Zip Code	
		cici.carter@kw.com	to be used for future annual report no	1:fourties
For further	information co	oncerning this matter, please c	·	uncanon)
TERREN	CE L. HARVE	Y	904 566-5614 at ()	
	Name of	f Person	Area Code Daytii	me Telephone Number
Enclosed i	s a check for th	e 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)
	failing Addres		Street Address: Registration Sc	ection
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P	.O. Box 632	7	The Centre of	Tallahassee
T	'allahassee, F	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CICI CARTER TEAM, LLC

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

The Asial and Organization for the Living Hilling Co.	- December	10. 2019
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L19000300944	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
FELICITAS CARTER, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	on "LLC" or the abbreviation "LEC."
Enter new principal offices address, if applicable:		OHAR TI
(Principal office address MUST BE A STREET ADDR.	ESS)	**************************************
		S
		W. Z (I)
Enter new mailing address, if applicable:		2:3
(Mailing address MAY BE A POST OFFICE BOX)		- ω
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records.	
	Enter Florida stree	t address
		, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my du ent as provided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	nature 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
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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	December i	0. 2019		
ective date, if other than the one offective date is listed, the date must te: If the date inserted in this bloomert's effective date on the Department's	be specific and cannot be prior to does not meet the application.	able statutory filing requi	(optional) 90 days after filing.) Pursuant to rements, this date will not be	o 605.0207 e listed as
ecord specifies a delayed effective s filed.	date, but not an effective til	me, at 12:01 a.m. on the o	earlier of: (b) The 90th day	after the
February 13	2020			
ted Teoritally 15	·	<u> </u>		
Debecha	· ()			
	ignature of a member or author	rized representative of a me	mber	~
Felicitas Carter				
		d name of signee		_

Filing Fee: \$25.00