

1/17/24, 2:00 PM  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
 ((H24000023414 3)))

**L220000368874**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000023414 3)))



H240000234143ABCU

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : LICENSES ETC INC  
 Account Number : I20070000159  
 Phone : (239)777-1028  
 Fax Number : (877)275-3593

2024 JAN 17 PM 4:03  
 LICENSES ETC INC  
 FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: SUPPORT@LICENSESETC.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CARLEE CONTRACTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

RECEIVED  
 2024 JAN 17 PM 3:50  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

K. SALY  
 JAN 18 2024

(((H24000023414 3)))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARLEE CONTRACTING 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:

**TODD BABBITT**  
Name of Person

---

**LICENSES, ETC., INC.**  
Firm/Company

---

**27911 CROWN LAKE BLVD**  
Address

---

**BONITA SPRINGS, FL 34135**  
City/State and Zip Code

---

**SUPPORT@LICENSESETC.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**TODD BABBITT** at ( **239** ) **777-1028**  
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)

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

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

(((H24000023414 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((H24000023414 3))

CARLEE CONTRACTING LLC

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

FILED 2024 JAN 17 PM 4:05 STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/22/2022 and assigned Florida document number L22000368874

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CARLEE CONSTRUCTION LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

((H24000023414 3))

((H24000023414 3)))

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED  
 2024 JAN 17 11:11:10  
 TALLAHASSEE  
 FLORIDA SECRETARY OF STATE

((H24000023414 3)))

(((H24000023414 3)))

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

2024 JAN 17 PM 4:10  
 FILED  
 DEPARTMENT OF REVENUE  
 HALL COUNTY, MISSISSIPPI

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: (h) The 90th day after the record is filed

Dated JANUARY 16TH, 2024

Signature of a member or authorized representative of a member

JOSEPH CARLEE

Typed or printed name of signee