LD4000055220

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			





000131062810

06/23/08--01035--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carson 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:
Lawrence Carson (Name of Person)
(Name of Person)
Carson LLC
(Firm/Company)
PO BOX 97482 (Address)
Raleigh NC 27624 (City/State and Zip Code)
For further information concerning this matter, please call:
Lawrence Carson at (919) 349 - 6188 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$25.00 Filing Fee & □ \$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/COURIER ADDRESS:

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



June 24, 2008

LAWRENCE CARSON P.O. BOX 97482 RALEIGH, NC 27624

SUBJECT: CARSON LLC Ref. Number: L04000055220

We have received your document for CARSON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 408A00038124

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED
UBJUL 21 PM,
SECRETARY OF STATE TALL AHASSEE FLORIDA

(Zip Code)

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	S. MUSEE FLOR
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/26/04}{104}$ Florida document number $\frac{10400055220}{104}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
· Carson Brothers LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designa "L.L.C."	tion "LLC" or the abbreviation
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, enceintered agent and/or the new registered office address here:	nter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
(Enter Florida str	eet address)
, Flori	da

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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:

	<u>Name</u>	Address	Type of Acti
			Add Remove
			Add Remove
			Add Remove
_ _ -			Add Remove
_			Add Remove
			Add Remove
amen	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necess	Sary.)
			JUL 21 CRETARY LAHKSSI
	July 10, 20	008	JUL 21

Page 2 of 2

Filing Fee: \$25.00