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EXAMINER



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SECRETARY OF STATE

COVER LETTER

Division of Cor	porations						
SUBJECT:	Second Carlson Enterprises LLC						
30b3EC1		ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		Lewis M. Oliver III					
		Name of Person					
	Quinones & Oliver, P.L.						
		Firm/Company	***				
•	115						
		Address					
•							
							
	Oliver@gaolaw.com E-mail address: (to be used for future annual report notification)						
			cation)				
For further information of	oncerning this matter, please of	call:					
Lew	is M. Oliver III	at (407)	342-2449				
Name of Person		at (407) 342-2449 Area Code & Daytime Telephone Number					
Enclosed is a check for the	he 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:

TO:

Registration Section

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

'ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

	Second Carlson En	terprises l	LLC		
(Name of t	he Limited Liability Company a (A Florida Limited Liabi	s it now appea lity Company)	ars on our records.)		
The Articles of Organization for this	Limited Liability Company we	re filed on	March 15, 2005	_ and ass	igned
Florida document numberL0					
This amendment is submitted to ame	nd the following:				
A. If amending name, enter the ne	w name of the limited liability	company he	ere:		
The new name must be distinguishable "L.L.C."	and end with the words "Limited	Liability Comp	pany," the designation "LL	C" or the a	bbreviation
Enter new principal offices addres	s, if applicable:				<u> </u>
(Principal office address MUST BE	A STREET ADDRESS)			9 60	SEC
•	·			Ä	오픈
					FAT.
Enter new mailing address, if appl	icable:			-0	Sec.
(Mailing address MAY BE A POST	_				Ö.S.
<u></u>				23	# <u>#</u>
	_	·. = •			Z
B. If amending the registered a	gent and/or registered office	address on	our records, enter the	e name o	f the new
registered agent and/or the new re	gistered office address here:				
Name of New Registered A	gent:				
New Registered Office Add	dress:				
		E	nter Florida street addre	ss	
			. Florida		
	\overline{c}	ity		Zip Code	·
N	Salan air a Danistan ad A a at				

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.

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:

MGR = Manager MGRM = Managing Member **Address Type of Action** <u>Title</u> <u>Name</u> Kathleen S. Carlson MGRM 1243 Aquila Loop √ Remove Celebration, FL 34747 Bradley S. Carlson MGRM 1243 Aguila Loop ☐ Add Celebration, FL 34747 ✓ Remove MGRM Brian S. Carlson Flat 5, Woodhill Ct., 175 Woodhill □ Add London UK SE-18-5HS UK Kathleen S. Carlson MGR 1243 Aquila Loop **✓** Add Celebration FL 34747 Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 10 Dated Signature of a member of authorized representative of a member Lewis M. Oliver III

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00