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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Carlson Family 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:

Isaac Jacobson Name of Person Carlson Family LLC Firm/Company 2103 Sunrise Blvd Address Fort Pierce, FL 34950 City/State and Zip Code CarlsonFamilyLLC@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Isaac Jacobson Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □\$55.00 Filing Fee & \$60.00 Filing Fee, □\$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carlson Family LLC					
( <u>Name of the Limited</u>	Liability Compan Florida Limited L	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number L0500088502	iability Company	were filed on 09/0	1/2005	and as	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
N/A					
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ted Liability Company	y," the designation "LI	.C" or the	abbreviation
Enter new principal offices address, if applicable:		N/A	Ti =		
(Principal office address MUST BE A STREI	ET ADDRESS)	N/A		수 교.	G/C BR
		N/A	Ai Ai		
Enter new mailing address, if applicable:		N/A	SSEE. FL	24 PH	S S S S S S S S S S S S S S S S S S S
(Mailing address MAY BE A POST OFFICE BOX)		N/A		<u> </u>	
		<u>N/A</u>	RIDI	न छा	<del></del>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ır records, <u>enter tb</u>	e name	of the new
New Registered Office Address:	N/A				
TOT TESTINETED CTITED TRANSCOOP.	<del></del>	Ente	er Florida street addr	ess	
•	N/A		, Florida <u>N//</u>	4	
		City		Zip Cod	le

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Roger Jacobson	2103 Sunrise Blvd	Add
		Fort Pierce, FL 34950	Remove
N/A	N/A	N/A	Add
		N/A	Remove
		N/A	
N/A	N/A	N/A	Add
		N/A F	Remove
		N/A ASSE	2 Instant
N/A	N/A	N/A SSEE, FLORIDA	
		N/A	Remove
		N/A	
N/A	N/A	N/A	Add
		N/A	Remove
		N/A	
N/A	N/A	N/A	Add
		N/A	Remove
		N/A	_

	rother information, enter change(s) here: (Attach additional sheets, if necessary.) rializing of past meeting.
	tached sheet for amendments to articles.
Dated July 22	
<u>of</u> Isaa	Signature of a member or authorized representative of a member or Jacobson
1344	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 JUL 24 PH 2: 45
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## Amending any other information, enter change(s) here: (Attach addition sheets, if necessary.)

### Amendment to Article IV( Management)

Management of this limited liability company is reserved to the following members, whose names and addresses are as follows: Oeun Jacobson, 2103 Sunrise Blvd., Fort Pierce, FL 34950, Sovathary Jacobson, 2103 Sunrise Blvd., Fort Pierce, FL 34950 and Isaac Jacobson, 2103 Sunrise Blvd., Fort Pierce, FL 34950. The managing members shall have authority to sell, purchase, and convey all company property with the consent or vote of at least one other manager. Upon the death or incapacity of a managing member, a new managing member may or may not be added and is at the discretion of the remaining managing members.

## Amendment to Article V (Membership Restrictions)

The members of the company shall be as follows: Oeun Jacobson, Noah Jacobson, Sovathary Jacobson, and Isaac Jacobson. Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

A member's interest in the limited liability company may not be sold or otherwise transferred except with unanimous written consent of all members. Members may be removed by unanimous consent.

On the death, retirement, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

Dated July 22 2013

Signature of a member or authorized representative of a member

anc Jacobson

Typed or printed name of signee

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1 Additional Page