

LOS000088502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

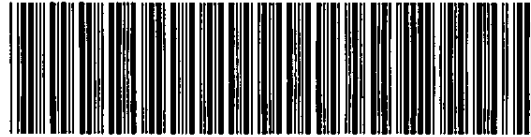
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 23 2013

EXAMINER

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 at (772) 579-8079
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Carlson Family LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/01/2005 and assigned Florida document number LD5000088502

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)

N/A

N/A

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Noah Jacobson	2103 Sunrise blvd.	<input checked="" type="checkbox"/> Add
		Font Piece, FI 34950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

See attached.

Dated October 16, 2013.



Managing Member

Signature of a member or authorized representative of a member

Isaac Jacobson

Typed or printed name of signee

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Filing Fee: \$25.00

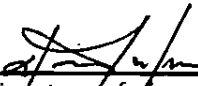
2013 OCT 22 PM 3:33
FALLAH-SSEF, J. OMN.

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, Isaac Jacobson, 2103 Sunrise Blvd., Fort Pierce, FL 34950, and Noah 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.

Dated October 16, 2013.

 Managing Member
Signature of a member or authorized representative of a member

Isaac Jacobson
Typed or printed name of signee

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1 Additional Page

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TALLAHASSEE, FL 32309