

105 0000 88502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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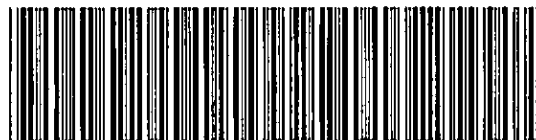
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARLSON FAMILY, L.L.C.

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, L.L.C.

Firm/Company

2103 Sunrise Blvd.

Address

Fort Pierce, FL 34950

City/State and Zip Code

isajacobson3@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isaac Jacobson

772 579-8079
at ()

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)

Mailing Address:

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

Street Address:

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

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

2009/01/12:17

CARLSON FAMILY, L.L.C.

(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 L05000088502.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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 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

By 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

[illegible]

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

See One Additional Page for amendments to articles.

[illegible]


E. Effective date, if other than the date of filing: 10/1/20 (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: (b) The 90th day after the record is filed.

Dated December 8 2020


Signature of a member or authorized representative of a member

Isaac Jacobson

Typed or printed name of signee

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, 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 bind the company, sell, purchase, and convey all company property with the consent or vote of at least one other managing member. 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, 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 and Managing Members may be removed by unanimous consent or resignation.

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 December 8, 2020

Signature of a member or authorized representative of a member

Isaac Jacobson
Typed or printed name of signee

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARLSON FAMILY, L.L.C.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Isaac Jacobson

(Contact Person)

CARLSON FAMILY, L.L.C.

(Firm/Company)

2103 Sunrise Blvd.

(Address)

Fort Pierce, FL 34950

(City/State and Zip Code)

For further information concerning this matter, please call:

Isaac Jacobson

at (772) 579-8079

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CARLSON FAMILY, L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:
L05000088502

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2020

4. I, Sovathary Jacobson, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)