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SECRETARY OF STATE
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JUL 25 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Carmart LLC  Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	David Raciti Name of Person  Carmart LLC Firm/Company  Po Box 82902		
	POBOX 83902 Address		
For fur	TAMPA FL 3368 2  City/State and Zip Code  Carmart Fl @ yahoo com  E-mail address: (to be used for future annual Jeport notification)  ther information concerning this matter, please call:  David Racit  Name of Person  at (813) 532 - 6031  Area Code & Daytime Telephone Number	SECRETARY OF STATE TALLAHASSEE, FUORIDA	Walter Street Control of the Control
	ed is a check for the following amount:		
<b>∑</b> \$25	(additional copy is enclosed) Certified C	of Status &	

**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

Cari	nart L	LC				
(Name of the Limited Liab (A Flori	ility Company a ida Limited Liabi	s it now appears o lity Company)	n our records.)		<del></del>	
The Articles of Organization for this Limited Liabilit		re filed on Jar	19,200	<u>6</u> an	ıd assigı	ned
Florida document number L06000064	<u>151</u> .					
This amendment is submitted to amend the following	g:		•			
A. If amending name, enter the new name of the	limited liability	company here:				
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Company,	" the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applicable:				·	<del></del>	<del></del>
(Principal office address MUST BE A STREET AL	ODRESS)					<del></del>
Enter new mailing address, if applicable:	_			SECRE	2)III JUI	EMETAR S
(Mailing address MAY BE A POST OFFICE BOX	 )		· · · · · · · · · · · · · · · · · · ·	ASSI ASSI	- 22	PARTY SALE
	<u> </u>			OF S	<u> </u>	[7]
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address here:	address on our	records, enter	← 1	.₩ merof	the new
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
	C	ity		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> **Name** <u>Address</u> **Type of Action** Mariana Danishment ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00