

L06000088127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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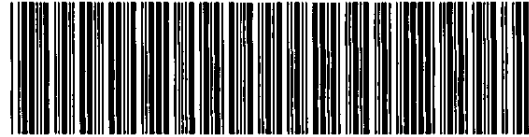
A

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SEP 17 2012

EXAMINER



200239522012

09/14/12--01007--009 **30.00

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 14 PM 1:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARTERS COVE, 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:

MARI GOMEZ

Name of Person

CLIFFORD R. RHOADES, P.A.

Firm/Company

2141 LAKEVIEW DRIVE

Address

SEBRING, FL 33870

City/State and Zip Code

FRONT@CRRPALAW.COM

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

For further information concerning this matter, please call:

MARI GOMEZ

Name of Person

at (863)

385-0346

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 14 PM 1:21

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

CARTERS COVE, LLC

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

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on 09/20/2006 and assigned
Florida document number L06000088127.

This amendment is submitted to amend the following:

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

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)

124 LAGONI LN

LAKE PLACID, FL 33852

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

124 LAGONI LN

LAKE PLACID, FL 33852

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:

DEBRA K. GRAVES

New Registered Office Address:

124 LAGONI LN

Enter Florida street address

LAKE PLACID

, Florida

33852

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.

Debra K. Graves
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:

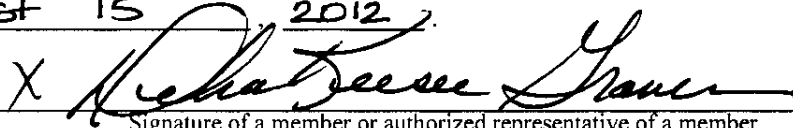
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SION K CARTER	1843 US 27 NORTH SEBRING, FL 33870	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 15, 2012

X 

Signature of a member or authorized representative of a member

Debra K. Graves

Typed or printed name of signee