## L07000053170

(Requestor's Name)				
(Ad	dress)	· · · · ·		
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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(	<b>-</b>	,		
(Do	cument Number)			
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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CB.10-14

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sean Carlton 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:	
Sean Carlton (Name of Person)	
Sean Carlton LLC (Firm/Company)	
8534 Lake Windham Ave.	
Orlando, FL 32829 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Sean Carlton at (407) 342-2174  (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  □ \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	ed)

**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

FILED

2008 OCT 13 PM 1:52

Sean	Carlton	LLC	SECRETARY OF STATE
( <u>Name of the Limited Li</u> (A F	ability Company as it now a orida Limited Liability Com	appears on our rec pany)	cords:) LLAMASSEE, FLURIDA
The Articles of Organization for this Limited Liab Florida document number <u>L07000053</u>		, May 18,	2007 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability compar	ay here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability	Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	······································	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		(Enter Florida	street address)
	, Florida		
	(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, <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>	<u>Address</u>	Type of Action
M <u>GRM</u>	Stacy A. Carlton	8534 Lake Windham Orlando, FL 3283	Ave its Add
			Add Remove
			Add Remove
<del></del>			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	ary.)
-			
Dated	october 10, 20	08.	
	Sean C	r or authorized representative of a member	ZOBB OCT
		r or authorized representative of a member	TAR HASS
	Турес	or printed name of signee	Fing: B
	-	Page 2 of 2	PM 1:52
	ŀ	filing Fee: \$25.00	52 111A