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**EXAMINER** 



400153093434

04/29/09--01013--011 \*\*25.00

US APR 29 PH 12: 19

DIVISION OF SCHOOL OF

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: THE	E KARNLVAL (Name of Limi	By THC SEA L ted Liability Company)	ic			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Hou	M. Lucas (Name of Person)	·			
	THE KAR	NIVAL BY THE S	sea lic			
900 SUNCLSE LANE,						
	FT. LAU	OFAGALL, FL-33' (City/State and Zip Code)	304			
For further information concerning this matter, please call:  at (954) 274 - 3414  (Name of Person)  (Area Code & Daytime Telephone Number)						
(Name o	f Person)	(Area Code & Daytime T	elephone 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			

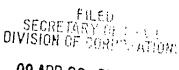
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

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



09 APR 29 PM 12: 19

( <u>Name of the Limited Liability</u> (A Florida L	Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Co		6/10/2008 and assigned
Florida document number L08000056928	<u>s</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company h	ere:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(	Enter Florida street address)
<u> </u>	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	l 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>	Type of Action
MGR	Houy M.	LUCAS 900 SUNRISE I	ANE NAdd L, FL 3304   Remove
·			AddRemove
<u> </u>			<b>—</b> ,
·····			
<del></del>			Add Remove
			Add Remove
D. If an	nending any other information	, enter change(s) here: (Attach additional she	eets, if necessary.)
Dated	APRIL 24	, 2009.	
	- Xara Signatur	te of a member or authorized representative of a m	ember
		RA LUCAS Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00