## L0800009705/

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PICK-UP WAIT MAIL				
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OCT 21 2008

**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 20 PM 3:

## **COVER LETTER**

Division of Corporations
SUBJECT: CARLOUNE & Junior Enter C'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:
Marie-Alix Limon TAS (Name of Person)
CARLOUNE Fo Junior Enter P"LLC"
6426 Pembroke Rd (Address)
(Address)  Airawar Fl 33023  (City/State and Zip Code)
For further information concerning this matter, please call:  Marie-Alix LimonTaS at (196) 222-4221  (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 \$\ \times \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (ad
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 ARTICLES OF ORGANIZATION **OF**

Souis & Limon TAS Enter Coises (LLC)  (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 v Florida document number <u>W080000465</u> 2	vere filed on $\underline{1}$	0-14-2	<i>OOS</i> and ass	igned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil  CARLOUNE S. J. U.  The new name must be distinguishable and end with the words "Limited liabil."	110DS	Techise	es a LLC on "LLC" or the a	2 ! ! 		
"L.L.C."  Enter new principal offices address, if applicable:			- 1			
(Principal office address MUST BE A STREET ADDRESS)		NIA	SECRE SECRE	<del>-11</del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	•	NIA	TARY OF STATE	LED		
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:	NLF	+				
New Registered Office Address:	(En	(Enter Florida street address)				
4/4/12 14/4	(City)	, Florida	Zip Coa	le)		
New Registered Agent's Signature, if changing Registered Agent:	(Uny)		(Esp Coo	·•/		

N

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 = I	Managing Member		
<u>Title</u>	Name	Address	Type of Action
	<u> </u>	<u>N</u> H	Add Remove
<del> </del>			Add Remove
			Add Remove
			Add Add
			Remove Remove
			STATE ARG
D. If amen		(s) here: (Attach additional sheets, if necessar, Enterf."	
Dated	Signature of a member of	or authorized representative of a member of printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00