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**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations		
SUBJECT: Carr C	onnection, LLC		
SOBJECT:		nited Liability Company)	<u></u> <b></b>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nhume Carr		
		(Name of Person)	<del></del>
	Carr Connection, LLC		
	<del></del>	(Firm/Company)	<del></del>
	P.O. Box 511238		
		(Address)	
	Punta Gorda, FL 33951	-1238	
		(City/State and Zip Code)	<del></del>
For further information of	concerning this matter, please of	eall:	
Nhume Carr		at ( 941 ) 347-8056	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he 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)
	IVG - PROPEG		

MAILING ADDRESS:

TO:

**Registration Section** 

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

Carr Connection, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our r a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on February 13,	2009 and assigned
Florida document number L09000014947	<del></del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD)	DRESS)	
		<u>9 Zs</u>
		FEB
Enter new mailing address, if applicable:		8 OF A
(Mailing address MAY BE A POST OFFICE BOX)		
		3
		<b>N</b>
B. If amending the registered agent and/or reg		ds, enter the name of the ne
registered agent and/or the new registered office ad	ldress here:	<b>*</b>
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 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>	Address	Type of Action
MGR	Nhume Carr	P.O. Box 511238 Punta Gorda, FL 33951	Add Remove
MGR	Darol H. M. Carr	P.O. Box 511238 Punta Gorda, FL 33951	▲ Add Remove
MBR	Darol H. M. Carr	P.O. Box 511238 Punta Gorda, FL 33951	Add Remove
MBR	Josh Blattner	P.U. Box 511238 Punta Gorda FL 33951	Add Remove
<del></del>			Add Remove
- <del>1141-1441-1-14-1-14-14-1</del>			AddRemove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necess	sary.)
<del></del>			
Dated <u>Febr</u>	Jary 17	2009	
	Darol H.M. Carr	Typed or printed name of signee	
		ypou or printed name of sighte	

Page 2 of 2

Filing Fee: \$25.00