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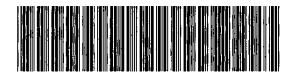
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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Division of C			·			
SUBJECT:	Cart	ter Title, LLC				
		nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.				
Please return all corres	pondence concerning this matte	er to the following:				
		Name of Person				
	LP					
		Firm/Company				
856 South Sage Drive, Suite 300						
		Address				
	C	edar City, Utah 84720				
		City/State and Zip Code				
	holly@kkolawyers.com  E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	•	,			
	ollyButterfield	at (_435 ) 5	86-9366			
Nume	of Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited )	Carter Ti Liability Compa Florida Limited I	tle, LLC ny as it now appears on our liability Company)	records.)			
The Articles of Organization for this Limited Lia Florida document number L09000873		were filed on Septemb	oer 10, 200	9 and assig	med	
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation "I	LC" or the ab	breviation	
Enter new principal offices address, if applicable:		11428 Banner Court, No. 3308				
(Principal office address MUST BE A STREET	ADDRESS)	Orlando, Florida 328	321		<u> </u>	
	-			<u> </u>	335	
			-	HAY	是漸	
Enter new mailing address, if applicable:		PO Box 22015		<u> </u>	93.	
(Mailing address MAY BE A POST OFFICE BOX)		Lake Buena Vista, F	L 32830	2>		
Property Whatesa Mill DE 71 1 004 04 1 402 D	. <u></u>			<u></u>	- <del></del>	
					3>-17	
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered of ice address her	fice address on our reco <u>e</u> :	ords, <u>enter t</u>	he name of	the new	
Name of New Registered Agent:	·					
New Registered Office Address:	11428 Banr	ner Court, No. 3308				
**************************************	Enter Florida street address					
		Orlando	. Florida	32821		
		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Address Type of Action Name MGR Keenan McClure PO Box 22015 ☐ Add Lake Buena Vista, FL 32830 Remove Address Change Only ☐ Add Remove Remove Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated May Signature of a member or authorized representative of a member Keenan McClure, Manager Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00