

L10000001723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2013 AUG 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2013

J. BRYAN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Carles Construction, 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:

Rey Michael Carles

Name of Person

Carles Construction, LLC

Firm/Company

13622 SW 109 Place

Address

Miami, FL 33176

City/State and Zip Code

carlesconstruction@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rey Michael Carles

Name of Person

at (305) 279-9338

Area Code & Daytime Telephone 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
(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

FILED
2013 AUG 29 PM 4:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Carles Construction, 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 were filed on January 6, 2010 and assigned
Florida document number L10000001723

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Rey Michael Carles

New Registered Office Address: 13622 SW 109 Place

Enter Florida street address

Miami, Florida 33176

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

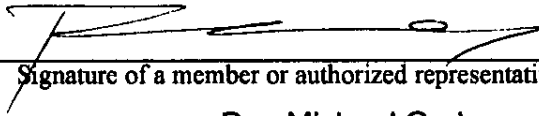
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria C. Carles	13622 SW 109 Place	<input type="checkbox"/> Add
		Miami, FL 33176	<input checked="" type="checkbox"/> Remove
MGR	Rey Michael Carles	13622 SW 109 Place	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
MGRM	Nicholas A. Carles	13622 SW 109 Place	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 21, 2013



Signature of a member or authorized representative of a member

Rey Michael Carles

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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