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T. HAMPTON

EXAMINER

SEP 3 0 2010

COVER LETTER

	ation Section of Corporations	•
SUBJECT:	Carmine Rose, LLC	
	Name of Limited Liability Company	
	icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:	
	Rose Michel Paulk Name of Person	
	Carmine Rose, LLC Firm/Company	
	202 Nathey Street	
	Niceville, FL 32578	
	City/State and Zip Code mickeysbees@cox.net E-mail address: (to be used for future annual report notification)	
For further inform	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:	
	Rose Michel Paulk at (850) 678-2890 Name of Person Area Code & Daytime Telephone Number	
	ck for the following amount:	
\$25.00 Filing	Fee \$\int_{\}\$30.00 Filing Fee & \$\int_{\}\$55.00 Filing Fee & \$\int_{\}\$60.00 Filing Fee, Certificate of Status & Certified Copy & 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

ينيا ح

(Name of the Limited Liabili (A Florid	RMINE ROSE LLC ity Company as it now appears on our records. a Limited Liability Company)	SECRETAR ISION OF C	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>September 7, 201</u>	ම් ^ද ් නිලා	
This amendment is submitted to amend the following:		Ω.	
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD			
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 ad-	istered office address on our records, <u>enter</u> dress here:	the name of the new	
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 Changing Registered Agent, Signature of New Registered Agent

Miche	l Pau	lk			
UM/23/2010 U	1.41	FnA	700	J J J	

Fax: 850-729-0365

Sep 23 '10 09:09 P.01

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:

<u>l'itle</u>	Name	Address	Type of Action
MGRM	Rose Michel Paulk	202 Nathey Street Nicaville Et 32578	Add Z Remove
маям	Rose Michel Paulk Trust	202 Nathey Street Niceville FL 32578	✓ Add ☐ Remove
	ereste e de la region de Verez e en en en en en en en en e le en		☐ Add ☐ Rønove
, up an a des agrico			Add Removo
**************************************	· · · · · · · · · · · · · · · · · · ·	a plat a ser proportion of the service of the servi	Add Remove
, ·			Add Remove
D. If amend	eptember 23, 2010	con bero: Attach additional shoots, if necessary.	SECRETARY OF STATE DIVISION OF CORPORATIONS 10 SEP 29 AMII: 04

Page 2 of 2

Filing Fee: \$25.00