

9/27/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000281630 3)))



H180002816303ABC3

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

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18 SEP 27 AM 11:00
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAROLYN E ASSETS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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2018-09-27 13:44:41 (GMT)

18887728108 From: Mike Natarus

(((H18000281630 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CAROLYNE ASSETS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER, 21ST, 2010 and assigned
Florida document number L10000110233.

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 contain 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)

2195 SW 101 AVE, STE 101

MIRAMAR, FL 33025

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: PETER MATHISON LLC

New Registered Office Address: 2195 SW 101ST AVE STE 101

Enter Florida street address

MIRAMAR, Florida 33025

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 605, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|--------------------------------|--|
| MGRM | SILVANA T RODRIGUEZ | 1925 SW 82ND CT | <input type="checkbox"/> Add |
| | | MIAMI, FL 33155 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | SILVANA T RODRIGUEZ | 6930 NW 186TH STREET APT 1-505 | <input checked="" type="checkbox"/> Add |
| | | HIALEAH, FL 33015 | <input type="checkbox"/> Remove |
| | | 6930 NW 186TH STREET APT 1-505 | <input type="checkbox"/> Change |
| AMBR | CAROLYNE RODRIGUEZ | HIALEAH, FL 33015 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FALLS CHURCH, VIRGINIA

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

(This area is crossed out with a diagonal line.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER, 25TH 2018



Signature of a member or authorized representative of a member

SILVANA TELMA RODRIGUEZ

Typed or printed name of signee