

· /Pe	questor's Name)	
(110	questor s marrie,	
/A .I	\	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
0	5:11: O#:	
Special Instructions to	Filing Officer:	
•		

Office Use Only



500239355835

09/10/12--01017--015 **25.00

12 SEP 10 PM 2: 44
SECRETARY OF STATE
MILLARY SEPTET OR DIA

K.SALY EXAMINER SEP 11 2012

COVER LETTER

	ion of Corp					
SUBJECT: _		CARIE DOES	ALL THE WORK,	LLC		
SUBJECT: _			ited Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sul	bmitted for filing.			
Please return a	ll correspo	ndence concerning this matter	r to the following:			
			CARIE DOUGLAS			
			Name of Person			
		CARIE [DOES ALL THE WO	RK, LLC		
			Firm/Company			
		1730 S. FEDERAL HWAY, SUITE 252				
		•	Address			
		DEL	RAY BEACH, FL 33	3483		
			City/State and Zip Code			
	7.57 Sept.	CAR	RIEEE25@YAHOO.C	COM'		
For further infe		E-mail address: (cport normalion		
	CAR	E DOUGLAS	at (352)	339-5	5476	
	Name of	Person		& Daytime Teleph	one Number	
Enclosed is a c	check for th	e following amount:				
\$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	_	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
2'	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registrati Division Clifton B 2661 Exe	C/COURIER AL ion Section of Corporations uilding cutive Center Ci		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

12 SEP 10 PM 2: 44

SECTION OF STATE
TALLAHASSEE, FLORIDA.

____CARIE DOES ALL THE WORK 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 Florida document numberL11000026634	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1730 S FEDERAL HWAY, SUITE 252		
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH, FL 33483		
Enter new mailing address, if applicable:	1730 S FEDERAL HWAY, SUITE 252		
(Mailing address MAY BE A POST OFFICE BOX)	DELRAY BEACH, FL 33483		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e: Enter Florida street address		
	City Zip Code		
	Chy Sout		

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 = N	Sanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	CARIE DOUGLAS	2225 S OCEAN BLVD, UNIT 3 DELRAY BEACH, FL 33483	Add Remove
<u>MGRM</u>	CARIE DOUGLAS	1730 S FEDERAL HWAY #252 DELRAY BEACH, FL 33483	✓ Add Remove
MGRM	JASON DOUGLAS	1730 S FEDERAL HWAY #252 DELRAY BEACH, FL 33483	✓ Add — Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
			
_			_ _
Dated		·	
		per or authorized representative of a member	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00