

✓  
LA 2000020540

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

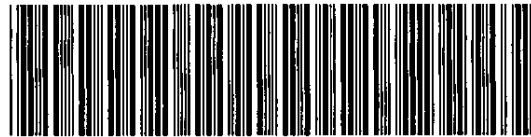
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600234260206

05/04/12--01017--004 \*\*25.00

FILED  
12 MAY -4 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 8 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Carlito Appliance Plus 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:

**Carlos L Houghton**

Name of Person

**Carlito Appliance Plus LLC**

Firm/Company

**3214 Sw Hickenlooper Street**

Address

**Port Saint Lucie, Florida 34953**

City/State and Zip Code

**carlitothoughton@aol.com**

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

For further information concerning this matter, please call:

**Carlos L Houghton**

Name of Person

at ( **772** )

**200-0360**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**  
**12 MAY -4 PM 2:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

**ALL FOR FUN BOOGIE BODIES 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 FEBRUARY 13, 2012 and assigned Florida document number L12000020540.

This amendment is submitted to amend the following:

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

Carlito Appliance Plus LLC

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)**

Carlos L Houghton

3214 Sw Hickenlooper Street

Port Saint Lucie, Florida 34953

**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:

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**

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS L HOUGHTON	3214 SW HICKENLOOPER STREET PORT SAINT LUCIE, FLORIDA 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ALANA L HOUGHTON	3214 SW HICKENLOOPER STREET PORT SAINT LUCIE, FLORIDA 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 02, 2012

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**CARLOS L HOUGHTON**

Typed or printed name of signee

FILED  
12 MAY -4 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA