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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 13 2012
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: _G. Carmeb Enterprises, 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:

William O'Shaughnessy

Name of Person

G. Carmeb Enterprises LLC

Firm/Company

6393 Pine Meadow Dr.

Address

Spring Hill FL 34606

City/State and Zip Code

PASSION4Cycling@me.com

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

For further information concerning this matter, please call:

William OShaughnessy at (_917_) ~~_____~~ _310-3885_

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑ **$25.00 Filing Fee**   ☐ **$30.00 Filing Fee &**   ☐ **$55.00 Filing Fee &**   ☐ **$60.00 Filing Fee,**
                                Certificate of Status   Certified Copy   Certificate of Status &
                                                 (additional copy is enclosed)   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

G. Carmelo Enterprises LLC

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 *March 6 2012* and assigned Florida document number *L 12000031721*

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>: _____

<u>New Registered Office Address</u>: _____

Enter Florida street address

_____, **Florida** _____

City   Zip Code

<u>**New Registered Agent's Signature, if changing Registered Agent:**</u>

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, <u>Signature of New Registered Agent</u>

Page 1 of 2

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:**
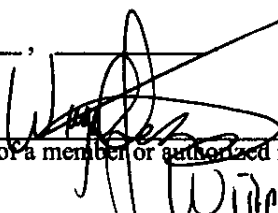
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Giovanni O'Shaughnessy	6393 Pine Meadow Dr. Spring Hill, FL 34606	☐ Add ☒ Remove
———	———————	———————	☐ Add ☐ Remove
———	———————	———————	☐ Add ☐ Remove
———	———————	———————	☐ Add ☐ Remove
———	———————	———————	☐ Add ☐ Remove
———	———————	———————	☐ Add ☐ Remove

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

Dated 3/7/2012

Signature of a member or authorized representative of a member

William O'Shaughnessy
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Filing Fee: $25.00