

412000043736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
13 JUN 13 PM 4:17
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUN 14 2013
D. BUTLER

COVER LETTER

**Registration Section
Division of Corporations**

SUBJECT: Cariconn 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:

Amos Nunez

Name of Person

Cariconn Enterprises LLC

Firm/Company

1120 Castle Wood Terrace # 200

Address

Casselberry, FL. 32707

City/State and Zip Code

cariconnenterprises@gmail.com

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

For further information concerning this matter, please call:

Amos Nunez

Name of Person

407 782-1489

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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

FILED
JUN 13 PM 4:17
TALLAHASSEE, FLORIDA

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

CARICONN ENTERPRISES LLC

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

FILED
13 JUN 13 PM 4:11
CLERK OF CIRCUIT COURT
HALL COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 29, 2012 and assigned
Florida document number L12000043736.

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 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)

1120 Castle Wood Terr. #200
Casselberry, FL. 32707

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

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

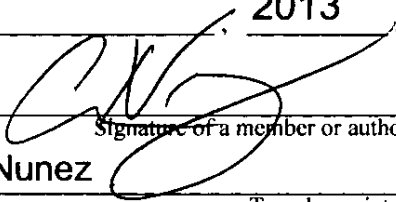
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|-----------------------------|---|
| MGRM | Melody Nunez | 1120 Castle Wood Terr. #200 | <input checked="" type="checkbox"/> Add |
| | | Casselberry, FL. 32707 | <input type="checkbox"/> Remove |
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CASSLEBERRY, FLORIDA

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

Amos Nunez Address change 1120 Castle Wood Terr. #200 Casselberry, FL. 32707

Dated June 10 2013


Signature of a member or authorized representative of a member

Amos Nunez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

11:00
13 JUN 13 PM 4:17
CLL ALABAMA, FLORIDA