# L12000143655

(Requestor's Name)
(Address)
(Address)
(1000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootine National)
0.47.40.4
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800417432638

LLC Amend

10/18/23--01012--013 ++25.00



A. RAMSEY NOV -62023

X-00789, 00524 00671

## **COVER LETTER**

Division of Cor	porations	*	, •
SUBJECT:	arolyn's (	Creatin LLC	
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Carolyn	P', (ard Name of Person	
	Carolyn'	S Creation L Firm/Company	<u> </u>
	2390 mad	rid Are SE	
	Talm Buy Carolyn Pin E-mail address: (t	FL 32909 City/State and Zip Code Cand 71 9ma to be used for future annual report notifi	l. com
For further information co	oncerning this matter, please ca	all:	
Carolyn F Name of	Person	at (321) 749 - Area Code Daytime	2575 Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section = c

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 26, 2023

CAROLYN PICARD CAROLYN'S CREATION LLC 2390 MADRID AVE SE PALM BAY, FL 32909

SUBJECT: CAROLYN'S CREATION LLC

Ref. Number: L12000143655

We have received your document for CAROLYN'S CREATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The acceptable titles for an LLC are Manager (MGR), Authorized member (AMBR) or AP (authorized person). Please change your title on page 2 to one of those titles.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 723A00024939

Annette Ramsey OPS

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

FILED

Carolyn's	Cranto	)	2023 NOV -	6 PM 2:57
(Name of the Limit	ed Liability Compan	y as it now appears on our ability Company)	r records.)	<u> </u>
The Articles of Organization for this Limited Li	ability Company v	1 .	12	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation	on "LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if applic				
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our records	s, enter the name	of the new registered
Name of New Registered Agent:	The P	icard Livi	ng Trus-	t
New Registered Office Address:	2390	Machid A. Emer Florida stre	et address	
	Palm	BCLY City	, Florida <u>32</u>	909 Zip Code
New Registered Agent's Signature, if changing I	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 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>	Address	Type of Action
<u>#</u>	Carolyn P; cal	2390 madred AR SE Palm Bay Fr 32909	🗹 Add
hGR	Instee	Palm Bay Fr 32909	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Change
			□ Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change

_	Market and I store .
-	
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
Note:	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated _	
	Signature of a member or authorized representative of a member
	Carolyn Picand Trustee Typed or printed name of signee

Filing Fee: \$25.00