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(Re	equestor's Name)		
(Address)			
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(Ci	ty/State/Zip/Phone	<del>,</del> #)	
PICK-UP	☐ WAIT	MAIL .	
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(Document Number)			
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## **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: Carriere P

Carriere Properties 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:

Luc J. Carriere

Name of Person

**Carriere Properties LLC** 

Firm/Company

1041 Bal Isle Dr.

Address

Fort Myers, Florida 33919

City/State and Zip Code

carrierefl@comcast.net

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

For further information concerning this matter, please call:

<sub>=,,</sub>239 \561-1094

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carriere Properties				
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited I Florida document number 12000150616	Liability Company were filed on 1	2/03/2012	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability company h	ere:		
The new name must be distinguishable and end wi"L.L.C."	th the words "Limited Liability Comp	pany," the designation "LLC"	or the abbreviation	
Enter new principal offices address, if applications	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		V: 2013	
	-	<u> </u>		
		રેંડ	20 - Promise	
Enter new mailing address, if applicable:	<u></u>	Li Ci		
(Mailing address MAY BE A POST OFFICE	BOX)	<u>, , , , , , , , , , , , , , , , , , , </u>	S	
			Ξ. ω	
B. If amending the registered agent and/ registered agent and/or the new registered o	ffice address here:	our records, enter the 1	name of the new	
Name of New Registered Agent:	Luc J. Carriere	<u> </u>		
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Z	ip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi	proper and complete performance	e of my duties, and I am fo	amiliar with and	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address thereby confirm that the limited liability

company has been notified in writing of this change.

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>	Name	Address	Type of Action
MGR	Luc J. Carriere	1041 Bal Isle Dr	Add
		Fort Myers, Florida	Remove
		33919	
MGRM	Luc J. Carriere	1041 Bal Isle Dr	Add
		Fort Myers, Florida	Remove
		33919	
***************************************			Add
			Remove
			Add Add
			AHE CO Remove
			888
			PM 12: 23 Add
			Remove
			Add
			Remove
		**************************************	Komove

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if nece	essary.)
		<del></del>
	0040	
February 5	2013	
The	un Marin	
Si	ignature of a member or authorized representative of a member	
Luc J. Carriere		
	Typed or printed name of signee	

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Filing Fee: \$25.00

