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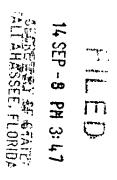
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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9/8/14

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Carom Communications, 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:

Sandra Camper

Name of Person

DOS, LLC

Firm/Company

2805 East Oakland Park Blvd, #321

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

Sandra.Camper@yahoo.com

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

For further information concerning this matter, please call:

Sandra Camper

_{",}954 801-3459

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



July 28, 2014

Sandra Camper 2805 East Oakland Park Blvd, #321 Fort Lauderdale, FL 33306

SUBJECT: CAROM COMMUNICATIONS, LLC

Ref. Number: L13000047339

We have received your document for CAROM COMMUNICATIONS, 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):

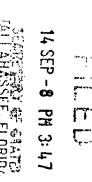
The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Elliott R McCaskill Registration Specialist II

Letter Number: 514A00016139



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

Name of the Limited		as it now app	ears on ou	r record	<u>s.</u>)			
The Articles of Organization for this Limited Lial Florida document number L13000047339					·	and as	signe	d
This amendment is submitted to amend the follow	ving:							
A. If amending name, enter the new name of t	he limited liabili	ty company	<u>here</u> :					
Same								
The new name must be distinguishable and end with the we	ords "Limited Liabili	ty Company,"	the designa	tion "LL	C" or the a	bbreviation '	L.L.C.	**
Enter new principal offices address, if applicable:		Same						
(Principal office address MUST BE A STREET	ADDRESS)							
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Same				HASSEL, F	HG 85 75	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered offi ce address here:	ce address						
Name of New Registered Agent:	DOS, LLC	CROSS						
New Registered Office Address:	New Registered Office Address: 2805 East Oakland Park Blvd, #321 Enter Florida street address							
	Fort Lauder	derdale , Florida 33306				3306	· -·	
		City				Zip Code	!	
No. Desistered Assetts Cimeters if showing De								

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 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 Changing Registered Agent, Signature of New Registered Agent

Johny Congress WANNER MORE LOS, LICE

M 12000002714

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
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p.	If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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E.	(The effective	date, if other than the date of filing:			
	the date thi	s document is filed by the Florida Department of State)			
	Dated	,			
		- 1 20/		<i>ک</i> م ر	110
		Signature of a member or authorized representative of a member	<u> </u>		, ددن
		SYDNEY D. CAMPER-IT			
		Typed or printed name of signee		•	
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		Page 3 of 3	53	SE	*
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