## 213000079116

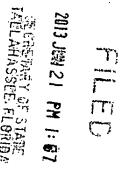
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Daniel Nicola)
(Document Number)
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

CAROLE MULTI SERVICES, 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:

CAROLE SAINVELUS

Name of Person

Firm/Company

490 BISCAYNE AVENUE NW

Address

**PALM BAY, FL 32907** 

City/State and Zip Code

carolelouis48@yahoo.com

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

For further information concerning this matter, please call:

CAROLE SAINVELUS

Name of Person

,,321**、914-9689** 

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

CAROLE MULTI SERVICE					
( <u>Name of the Limited</u> (A	<b>Liability Compa</b> Florida Limited L	ny as it now appears on ou liability Company)	ur records.)	•	
The Articles of Organization for this Limited L	iability Company	were filed on 5/31/201	13	_ and assigned	d
Florida document number <u>L13000079116</u>	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
N/A					
The new name must be distinguishable and end with "L.L.C."	th the words "Limi	ted Liability Company," the	e designation "LLC	" or the abbre	viation
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	cipal office address MUST BE A STREET ADDRESS)			<b>20</b>	
			;- ->	ر <b>ن</b> کار <b>نے</b>	
Enter new mailing address, if applicable:		N/A	ANSSER HASSER	<b>2</b> 21	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		
		***	9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	> ••	
			<b>9</b>		
B. If amending the registered agent and/ registered agent and/or the new registered of			cords, <u>enter the</u>	name of the	e new
Name of New Registered Agent:	ROBERT SAINVELUS				
New Registered Office Address:	490 BISCA	YNE AVENUE NW			
		Enter Florida street address			
	PALM BAY		_, Florida <u>32</u> 90	)7	
	;	City		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 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>	Name	Address	Type of Action
MGR	CAROLE SAINVELUS	490 BISCAYNE AVENUE NW	✓ Add
		PALM BAY, FL 32907	Remove
MGR	ROBERT SAINVELUS	490 BISCAYNE AVENUE NW	_ Add
		PALM BAY, FL 32907	Remove
		SECATARY OF STATE	Add Remove  Remove
			Add Remove
<u></u> .			Add

Page 3 of 3

Filing Fee: \$25.00