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COVER LETTER

TO:

Registration Section
Division of Corporations

SC CARTER HOLDINGS LLC

SUBJECT

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:

CELESTA A CARTER

Name of Person

SC CARTER HOLDINGS LLC

Firm/Company

525 20TH AVENUE NE

Address

SAINT PETERSBURG, FL 33704

City/State and Zip Code

CELESTA CARTER@YAHOO.COM

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

For further information concerning this matter, please call:

CELESTA CARTER

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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

SC CARTER HOLDINGS LLC

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

The Articles of Organization for this Limited Florida document number L1300015428	Liability Comp	any were filed on 11/	1/2013 and assigned	
Florida document number				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited	liability company here	:	
N/A				
The new name must be distinguishable and end with the	ie words "Limited	Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE		<u></u> ()		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
		-		
B. If amending the registered agent an registered agent and/or the new registered			ur records, enter the name of the new	
registered agent and/or the new registered	office address	nere:		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	Finter Florida	street address	
	 -	City	, Florida Zip Code	
New Registered Agent's Signature, if changing	Registered Age	Ť		
•				
I hereby accept the appointment as register		agree to act in this cap	vacity. I juriner agree to comply with the	

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

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>	Name	Address	Type of Action
MGR	CELESTA A CARTER	525 20TH AVENEUE NE	Add
	,	SAINT PETERSBURG, FL 33704	□ Remove
•			_
		·	D Add
			□ Remove
			_
·			□ Add
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D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State)	date and cannot be more than 90 days after
Dated SEPTEMBER 1 2014	
Signature of a member or authoriz	ed representative of a member
SEAN L CARTER	
Toward an artist of the contract of the contra	ana of siance

Page 3 of 3

Filing Fee: \$25.00