

LL3000154288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

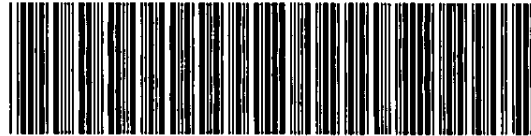
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/13/14--01011--008 **25.00

OCT 30 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SC CARTER HOLDINGS 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:

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

at **727 686-2211**

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

SC CARTER HOLDINGS LLC

Page 1 of 3

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

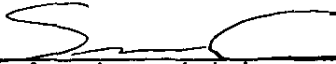
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CELESTA A CARTER	525 20TH AVENEUE NE	☒ Add
		SAINT PETERSBURG, FL 33704	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

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 date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 1, 2014.



Signature of a member or authorized representative of a member

SEAN L CARTER

Typed or printed name of signee