113000163638

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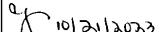
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COVER LETTER

TO: Registration S Division of Co		•	,				
, Carlynda l SUBJECT:	LLC						
Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Carl E Steinman						
		Name of Person					
	Carlynda LLC						
		Firm/Company					
	2595 Sun Cove Lane						
		Address					
	North Palm Beach, FL 33	410					
		City/State and Zip Code					
	cesteinman@gmail.com						
		to be used for future annual report noti	fication)				
For further information	concerning this matter, please c	all:					
Carl E Steinman		561 818-5119 at()					
Name of Person			e Telephone Number				
Enclosed is a check for t	the following amount:						
■ \$25.00 Filing Fec	☐ \$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 Addre	icc.	Straat Address					

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company) interior. The Articles of Organization for this Limited Liability Company were filed on $\frac{11/21/2013}{1}$ and assigned Florida document number L13000163638 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jason May	709 Kittyhawk Way	
		North Palm Beach, FL 33408	■Remove
			Change
			□Add
			□Remove
			Change
			□Add
		 	□Remove
			Change
			□Add
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			Remove
			□Change

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ffective	date, if other than the date of filing: (optional)
an effect lote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 1's effective date on the Department of State's records.
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Oated Oc	2023
atcu	(i) DE Leon
	Signature of a member or authorized representative of a member