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K. SALY
EXAMINER

JUN - 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARROSE 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:

Cathleen Carr
Name of Person

CARROSE LLC
Firm/Company

770 NE 69 ST 2B
Address

MIAMI, FLA 33138
City/State and Zip Code

CATHYACARR@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHLEEN CARR at (786) 202 9992
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

14 JUN -9 AM 8:59

CARROSE 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 Liability Company were filed on 05/05/14 and assigned
Florida document number L14 0000 72 895

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 end with 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)

10301 N MIAMI AVE
MIAMI SHORES 33150

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10301 N MIAMI AVE
MIAMI SHORES 33150

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

Florida

City

Zip Code

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

At the end of the list of 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

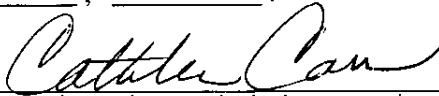
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|----------------------------------|----------------------------|------------------------------------|---|
| MANAGER AMBR CC | CATHLEEN CARR MGR CC | 770 NE 69 ST 2B 33138 MIAMI Fla | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2. 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 6/6/2014, _____.



Signature of a member or authorized representative of a member

CATHERINE CARR

Typed or printed name of signee