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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 10

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARBAR 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:

JENNIFER ANN LEE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

701 S MADISON AVE, #220

\_\_\_\_\_  
Address

CLEARWATER, FL 33756

\_\_\_\_\_  
City/State and Zip Code

LOVEYOURBUMBUM@GMAIL.COM

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

For further information concerning this matter, please call:

JENNIFER ANN LEE

703 415-6415  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FLORIDA  
ds.)

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

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>      | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|------------------|--------------------------|--------------------------------------------|
| MBR          | BARRIE FREEMAN   | 76 4TH ST N              | <input type="checkbox"/> Add               |
|              |                  | BOX 710                  | <input checked="" type="checkbox"/> Remove |
|              |                  | ST. PETERSBURG, FL 33731 | <input type="checkbox"/> Change            |
| MBR          | CARLA MACKENZIE  | 4309 SUMMER LANE         | <input type="checkbox"/> Add               |
|              |                  | ORLANDO, FL 32804        | <input checked="" type="checkbox"/> Remove |
|              |                  |                          | <input type="checkbox"/> Change            |
| MBR          | JENNIFER ANN LEE | 701 S MADISON AVE        | <input checked="" type="checkbox"/> Add    |
|              |                  | #220                     | <input type="checkbox"/> Remove            |
|              |                  | CLEARWATER, FL 33756     | <input type="checkbox"/> Change            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 1, 2016

  
Signature of a member

Signature of a member or authorized representative of a member

JENNIFER ANN LEE

Typed or printed name of signee