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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

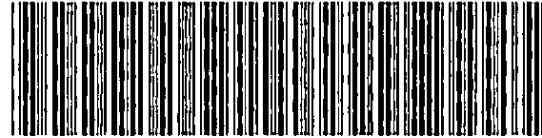
(Business Entity Name)

(Document Number)

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JAN 15 2020
S. YOUNG

COVER LETTER

**Registration Section
Division of Corporations**

SUBJECT: Carpe-Demi Real Estate Holding, LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick DiSalvo

Name of Person

DiSalvo & Associates

Firm/Company

1760 N Jog RD #150

Address

West Palm Beach, FL 33411

City/State and Zip Code

Pdisalvo@d-acpa.com

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

For further information concerning this matter, please call:

Patrick DiSalvo, CPA 561 659-1177

Name of Person at () Daytime Telephone Number

The 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)
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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**

Carpe-Demi Real Estate Holding, LLC

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

Articles of Organization for this Limited Liability Company were filed on 01-19-16 and assigned
Florida document number L16000009877.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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)

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

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

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

MR = Manager

BR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	David Scanlan	1726 Chesbro Ct.
		☐ Add
		MS, Ontario, Canada
		☒ Remove
		☐ Change
BR	David Scanlan	1726 Chesbro Ct.
		☒ Add
		MS, Ontario, Canada
		☐ Remove
		☐ Change
		☐ Add
		☐ Remove
		☐ Change
		☐ Add
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		☐ Add
		☐ Remove
		☐ Change

[illegible]

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.

ated December 9, 2019

Marsha Scanlan

Filing Fee: \$25.00