

L160000 59462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

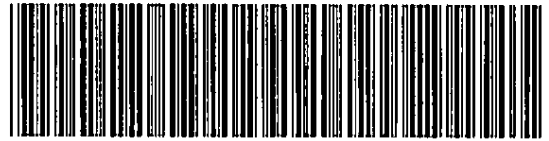
(Business Entity Name)

(Document Number)

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C. GOLDEN

MAR 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDDY CAROLINA MONTILLA 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:

CAROLINA M. ROSILLO

Name of Person

CAROLINA MONTILLA- ROSILLO, LLC

Firm/Company

1009 EAST AVENUE

Address

CLERMONT, FL 34711-2533

City/State and Zip Code

CAROLINAMONTILLA@HOTMAIL.COM

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

For further information concerning this matter, please call:

CAROLINA M. ROSILLO

786- 717-9262
at () _____
Area Code Daytime Telephone Number

Name of Person

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 Address:

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

February 24, 2020

To whom may concern: Florida Department of State Division of Corporations

Registration Section

Po box 6327 Tallahassee, FL

I would like to change my company name from Eddy Carolina Montilla LLC to Carolina *Montilla* Rosillo, LLC since I changed my name so for my real estate business needs to be my name.

Please don't hesitate to contact me at any time with questions @ 786-717-9262

Thanks,



Carolina Rosillo

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EDDY CAROLINA MONTILLA, LLC

2020 MAR -4 PM 1:35

(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 03/24/2016 and assigned Florida document number L16000059462.

This amendment is submitted to amend the following:

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

CAROLINA MONTILLA- ROSILLO, LLC

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:

1009 EAST AVENUE CLERMONT, FL 34711

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1009 EAST AVENUE CLERMONT, FL 34711

(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:

CAROLINA MONTILLA ROSILLO

New Registered Office Address:

1009 EAST AVENUE

Enter Florida street address

CLERMONT,

Florida 34711

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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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