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	ion of Corpo				
SUBJECT:	Carriere Enter	prises			
Sobsect.		Name of Limi	ited Liability Company		
The enclosed A	Articles of An	nendment and fee(s) are subr	mitted for filing.		
Please return a	ill correspond	ence concerning this matter t	to the following:		
		Raymond Carriere			
			Name of Person		
			Firm/Company	-	
		3050 Turtle Cove Ct			
			Address		
		N. Ft. Myers, Florida. 3390	03		
			City/State and Zip Code	<u>_</u>	
		rcarriere80@gmail.com			
		E-mail address: (t	to be used for future annual report notificat	ion)	
For further infe	ormation con	cerning this matter, please ca	alt:	7AL 201	
Raymond Car	тіеге		612 799-7005 at ()	2016 MAY SECRE	FILED
	Name of Po	erson	Area Code Daytime Te	lephone Number 0	
				유 유 스	m
Enclosed is a c	check for the t	following amount:			O
□ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carrière Enterprises		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Carriere Controls LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		[F6 18
Name of New Registered Agent:		HAN B
Traine of frew Registered Agein.		m → 0
New Registered Office Address:	Enter Florida street address	
	Enter Plorital Street dataress	
	, Florida	≥ Zip €ode
	Cny	- LIP COUR

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>	Type of Action
MGR	Raymond carriere	3050 Turtle Cove Ct	■ Add
		N. Ft. Myers, Florida. 33903	☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
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	April 18, 2016			
Effective date, if other than the	date of filing:	of filing or more than 90 days at	tional) ter filing \ Pursuant to 605	0207
Note: If the date inserted in this be document's effective date on the D	ock does not meet the applicable sta	atutory filing requirements, t	his date will not be liste	ed as
document's effective date on the D	epartment of State's records.			
ne record specifies a delave	d effective date, but not an e	effective time at 12:01	am on the earlie	er of
The 90th day after the rec	ord is filed.		. amm on the confe	0.
May 3rd	2016			
Dated				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee