

L16000079792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

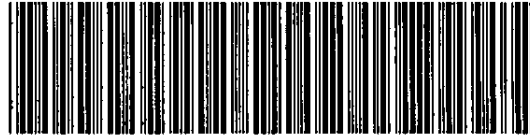
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016

J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Carriere Enterprises

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:

Raymond Carriere

Name of Person

Firm/Company

3050 Turtle Cove Ct

Address

N. Ft. Myers, Florida. 33903

City/State and Zip Code

rcarriere80@gmail.com

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

For further information concerning this matter, please call:

Raymond Carriere

612 799-7005
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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Page 1 of 3

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> |
|--------------|------------------|------------------------------|---|
| MGR | Raymond carriere | 3050 Turtle Cove Ct | <input checked="" type="checkbox"/> Add |
| | | N. Ft. Myers, Florida. 33903 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D: If attending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRET

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: April 18, 2016 (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 3rd 2016


Signature of a member or authorized representative of a member

Raymond Carriere

Typed or printed name of signee