16000087133

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	<u>م</u>
	MAIL
(Business Entity Name	•)
(Document Number)	
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### **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		

ROTHELL-CARNES LAND HOLDINGS, LLC

SUBJECT:

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:

Shannon Young

Name of Person

Firm/Company

5128 FORSYTH COMMERCE ROAD

Address

ORLANDO, FL 32807

City/State and Zip Code

shannon@Vftusa.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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 Tallabassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROTHELL-CARNES LAND HOLDINGS, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability (company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000087133</u>		
Torida document number document is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CARNES LAND HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	600 Eagle Circle	
(Principal office address MUST BE A STREET ADDRESS)	Belle Glade, FL 33430	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her.	ffice address on our records, <u>enter the name of the new</u> e:	
New Registered Office Address:	Enter Florida street address	
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

#### MGR = Manager AMBR = Authorized Member

•

•

. <u>Title</u>	<u>Name</u> DARREN ROTHELL	Address	Type of Action
MGR			D ∧dd
		8218 Rosalie Lane Wellington, FL 33414	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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]	December 20, 18,
	TO A. A. A.
	Koht M. Mar
	Signature of a member or authorized represenvaive of a member
	Robert M, Carnes
	Typed or printed name of signee

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Filing Fee: \$25.00