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COVER LETTER

Division of Corporations
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:
Samella DAILe Rane Name of Person
New CarRet Goldtions LCC Firm/Company
7065 WEST BINTE BIVD #102
City/State and Zip Code Dalle Rane Basso Q g mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Semella Dalle Pranc at (407) 579 2613 5 Area Code Daytime Telephone Number 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

New Carret Gol	Jions LLC
(A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{07/06/16}{}$ and assigned
Florida document number <u>L 16000 12 8150</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
	200 20
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- <u>원선 없</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> हे:
Name of New Registered Agent:	
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 agre	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address Type of Action
AMBR	Marcelo Basso Jr	7065 WESTBINTE BIVD #162 Orland Fl 32835
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Filing Fee: \$25.00