

L16 000 138845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

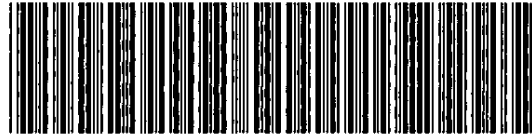
(Business Entity Name)

(Document Number)

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17 MAY 23 AM 7:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 23 2017  
J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COURTNEY CARRINGTON 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:

R. CARRINGTON

\_\_\_\_\_  
Name of Person

CARRINGTON & ASSOCIATES ENTERPRISES

\_\_\_\_\_  
Firm/Company

6193 NW 183RD STREET #172361

\_\_\_\_\_  
Address

HIALEAH FLORIDA 33017

\_\_\_\_\_  
City/State and Zip Code

TEACHINGYOUHEALTHCARE@HOTMAIL.COM

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

For further information concerning this matter, please call:

R.CARRINGTON

\_\_\_\_\_  
Name of Person

786

838 3496

at ( )

Area Code

Daytime Telephone Number

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

*Post Office*

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*UPS*

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

COURTNEY CARRINGTON ENTERPRISES

(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 7/25/2016 and assigned  
Florida document number L16000138845.

This amendment is submitted to amend the following:

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

CARRINGTON & ASSOCIATES ENTERPRISES, 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

6193 NW 183RD STREET #172361

HIALEAH FLORIDA 33017

(SAME ADDRESS AS BEFORE)

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 172361

HIALEAH FLORIDA 33017

(SAME MAILING ADDRESS AS BEFORE)

**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:

R. CARRINGTON

New Registered Office Address:

6193 NW 183RD STREET #172361

*Enter Florida street address*

HIALEAH

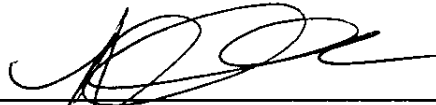
Florida

*City*

33017  
*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>
CEO	R.CARRINGTON	6193 NW 183RD STREET #17236	<input checked="" type="checkbox"/> Add <i>KEEP</i>
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Q. THOMPSON <i>(REMOVE)</i>	6193 NW 183RD STREET #17236	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

1. Q. THOMPSON SHE BE REMOVED AS CFO.

2. COMPANY NAME SHOULD CHANGE FROM "COURTNEY CARRINGTON ENTERPRISES, LLC" ~~XXXXXX~~  
TO "CARRINGTON & ASSOCIATES ENTERPRISES, LLC."

3. NEW BUSINESS NAME SHOULD BE "CARRINGTON & ASSOCIATES ENTERPRISES, LLC."

4. NEW REGISTERED AGENT SHOULD ONLY BE R. CARRINGTON, CEO.

FILED  
17 MAY 23 AM 7:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

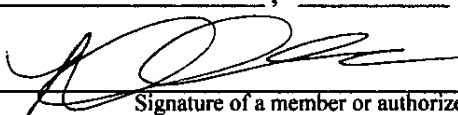
**E. Effective date, if other than the date of filing: 5/19/2017, AT 9:00 AM (optional)**

(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.

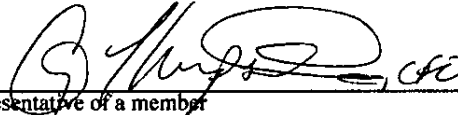
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated MAY 22, 2017



Signature of a member or authorized representative of a member

R. CARRINGTON, CEO.



Q. Thompson

Typed or printed name of signee