L16 000 159461

(De		·-
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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FILED

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SECRETARY OF STATE
SECRETARY OF STATE
ORDER

COVER LETTER

TO:		istration Sectision of Corp			•			
SUBJE	ст.	Carroom Net	work LLC					
SOBOL	C1.		Name of Lim	ited Liability Company				
			mendment and fee(s) are sub					
ricase i	etuiii	an correspond	dence concerning this matter	to the following.				
•			Domanick P. DiGiacomo					
			***************************************	Name of Person			•	
			Carroom Network LLC					
				Firm/Company				
	8520 New York Ave.							
				Address				
			Jacksonville FL 32065					
			ddig1989@gmail.com	City/State and Zip Coo	ie		TS 6	
				to be used for future annu	al report notificatio	n)	SEP	-71
For furt	her ir	oformation co	ncerning this matter, please c	all:			P 20 INSE	LED
Doman	ick P	. DiGiacomo		904 { at ()	894-8717			Ö
		Name of I	Person	Area Code	Daytime Tele	phone Number	TOTAL TO	ļ
Enclose	d is a	check for the	following amount:					
\$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		Certified	te of Status &	

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

Carroom Network LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our reco ability Company)	rds.)
The Articles of Organization for this Limited Liability Company w	vere filed on 8/25/16	and assigned
Florida document number L16000159461		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		CC
		#F F F
		Mag o m
Enter new mailing address, if applicable:		3 0
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ST F
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		rds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	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>	Address	Type of Action
AMBR	Domanick DiGiacomo	8520 New York Ave.	
		Jacksonville, FL	■ Remove
		32244	☐ Change
AMBR	Domanick P. DiGiacomo	8520 New York Ave.	Add
		Jacksonville, FL	☐ Remove
	·	32244	
			Add
			Remove
			☐ Change
			FA T
			Remoye-
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			☐ Change
			Add
			☐ Remove
			☐ Change

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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filir	ng or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	y ming requirements, this date will not be fisted
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ted September 14, 2016.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00