

L16 000 159461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

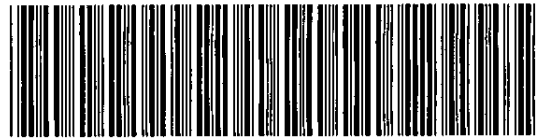
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/21/18 OS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Carroom Network LLC

\_\_\_\_\_  
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:

Domanick P. DiGiacomo

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

Carroom Network LLC

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

8520 New York Ave.

\_\_\_\_\_  
Address

Jacksonville FL 32065

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

ddig1989@gmail.com

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

For further information concerning this matter, please call:

Domanick P. DiGiacomo

904

894-8717

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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

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

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## Carroom Network LLC

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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>
AMBR	Domanick DiGiacomo	8520 New York Ave.	<input type="checkbox"/> Add
		Jacksonville, FL	<input checked="" type="checkbox"/> Remove
		32244	<input type="checkbox"/> Change
AMBR	Domanick P. DiGiacomo	8520 New York Ave.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL	<input type="checkbox"/> Remove
		32244	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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