Division of Corporations



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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES

Account Number : I20030000112 Phone : (239)552-4100 Fax Number : (239)649-0158

**Enter the email address for this business entity to be used for tukere annual report mailings. Enter only one email address please.

Email Address: JLH @SWBCL.COM

JAN 17 AN ID:

RETARNION STA

ANI/SSEE, FLORE

17 JAN 17 AM 9: 35 COMETANY OF SPARES LAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARTMAN COMPANY, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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COVER LETTER

TO:

Registration Section Division of Corporations

Cartman Company, LLC

ę.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Carmichael

Name of Person

Salvatori, Wood & Buckel, P.L.

9132 Stada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

JLH@swbcl.com

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

For further information concerning this matter, please call:

Kevin Carmichael

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

330 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

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(((H17000014704 3)))

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ion 605.0209, F.S., this document is being submit		ent.		
FIRST:	The na	ne of the limited liability company is: Cartma	an Company, ELC			
SECON		The Florida Document number of the limited lies Document to be corrected is: Articles of (bility company is: L170000065 Organization	530		
	<u>((</u>	HECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STAT	<u>cement</u>		
1	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article 1 - Name					
	The name of the company is incorrect.					
	The	The correct name of the company is: Cartmen Company, LLC				
	OR Was de as follo	fectively signed. The manner in which the docur ws:	pent was defectively signed and the app	震 生 刊		
	OR			TEEL PLOS		
	The ele	ctronic transmission of the record was defective.	1/16/20	質量の		
		Signature of Authorized Representative	Date Date	17		
		w registered agent, if applicable :(NOTE: if corresignation).	ecting the registered agent, the new regi	stered agent must sign		
I hereby provisio obligati	accept ons of al ons of n change	Agont's Signature, if changing Registered Agen the appointment as registered agent and agree to statutes relative to the proper and complete perty position as registered agent as provided for in the registered office address, I haveby confirm	act in this capacity. I further agree to formance of my duties, and I am familia Chapter 605, F.S. Or, if this document	r with and accept the is being filed to merely		
	Registered Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

CR2E062 (9/15)

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