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COVER LETTER

TO:		istration Sect sion of Corpo				
SUBJE(CT.	Lori A Carr, l	LLC			
SUBJE	CI;	· · · · ·	Name of Lim	ited Liability Company		
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspond	dence concerning this matter	to the following:		
			Lori Carr			
				Name of Person		_
			Lori A Carr, LLC			
				Firm/Company		_
			311 W. MONROE S	Т.		
				Address		_
			JACKSONVILLE, FL	_32202		
			loricarr87@gmail.com	City/State and Zip Code		-
				to be used for future annual rep	port notitication)	
For furtl	her in	formation con	cerning this matter, please c	all:		
Lori Ca	ırr			904 233-: at ()		
		Name of F	Person	Area Code	Daytime Telephone Numbe	r
Enclose	d is a	check for the	following amount:			
■ \$ 25:	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified	ite of Status &

MAILING ADDRESS:

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

Lori A Carr, LLC (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 $\frac{1/20/2017}{1}$ and assigned Florida document number L17000016465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City 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
			□ Remove
			Change
			☐ Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, in ticle III: Any and all lawful business.	the practice
-		$\frac{MMO}{2}$
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(If an effect Note: I docume	tive date, if other than the date of filing: (It is the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days of the date inserted in this block does not meet the applicable statutory filing requirement on its effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	s, this date will not be listed as
Dated _	/15	
	$\sim 41/1$	16 A
	Signature of a member or authorized representative of a member	THE SECOND
		2
	Lori Carr	
	Typed or printed name of signee	PH 4: 24
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	Page 3 of 3	M E

Page 3 of 3

Filing Fee: \$25.00