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Special Instructions to	Filing Officer:	

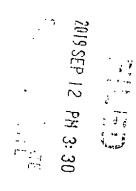
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carlorene Construction I_La 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:
Mildu I Vélasguez Name of Person
Carlorene Construction, LLC
2401 Embry Ave
Haines City F1. 3.3844 Ridriquezhebi @ a01. com V E-mailandess: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milda I Ve las quez at (321) 301-2773 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carlorene Co	instruction LLC.	
(Name of the Limited Liability (A Florida Li	onstruction LLC. Company as it now appears on records.) mited Liability Company) upany were filed on 9/19 3/21/20	117
The Articles of Organization for this Limited Liability Com	pany were filed on $99/195$ and ass	igned
Florida document number <u>L/7000 644</u> /		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
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 ADDRES	SS)	=3
	··· -	ň 19
		SEP " 33
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-o - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	tc.	၂
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 **Address** Title Name Type of Action MGR Carlos Velas quez 2401 Embry Ave MAdd Haines City, F1.338440 Remove ☐ Change AMBR Carlos Velasquez 2401 Embry Ave DAGO Haines City, F/33844 Decemove Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

□ Change

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(If an effective date i Note: If the date	if other than the d is listed, the date must be inserted in this bloc tive date on the Dep	e specific and o k does not me	cannot be prior to eet the applicab	date of filing or m le statutory filin	(0 ore than 90 days a g requirements,	after filing.) Pursuant	to 605.0207 be list ed as t
he record spec	cifies a delayed of after the recor	effective da		an effective t	ime, at 12:0	1 a.m. on the	earlier of:
Dated <u>Sep</u>	otembe	<u>r 4</u> ,	2019	. •			
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Filing Fee: \$25.00