

L17000070315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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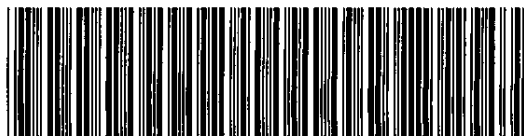
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carson's Satellite Solutions, 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:

Derrick Carson
Name of Person

Firm/Company

1131 NW 5th St. Apt. 3
Address

Ft. Lauderdale, FL 33311
City/State and Zip Code

dcarson2006@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derrick Carson at (954) 708-5562
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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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Carson Satellite Solutions, 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 03/18/2017 and assigned Florida document number L17000070315.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Carson Roadside Solutions, LLC
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 ADDRESS)

1131 NW 5th St, Apt. 3
Fort Lauderdale, FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1131 NW 5th St, Apt. 3
Ft. Lauderdale, FL 33311

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:

n/a

New Registered Office Address:

n/a

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR/MGR	Derrick Carson	1131 NW 5th St, #3	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tracy Carson	1131 NW 5th St, Apt. #3	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph Holmes	11110 Royal Palm Blvd,	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Maisonneuve	6760 NW 4th Ct	<input checked="" type="checkbox"/> Add
		Plantation, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a

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E. Effective date, if other than the date of filing: n/a (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 05 - 17, 2017.

Derrick Carson

Signature of a member or authorized representative of a member

Derrick Carson

Typed or printed name of signee