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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DIVISION OF COMPERATIONS

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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Carry Like A Girl, 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: |
| Erin Tracy Name of Person |
| Carry Like A Girl, LLC. Firm/Company |
| 1380/ Walsingham Rd., A-143 Address |
| City/State and Zip Code Cftracy @ yahoo.com E-mail address: (to be used for future annual report notification) |
| for further information concerning this matter, please call: |
| Erin Tracy at (904) 945-0564 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\$Certified Copy (additional copy is enclosed)}\$ |

MAILING ADDRESS:

Registration Section

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

| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation (L.L.C." |
| Enter new principal offices address, if applicable: | 13801 Walsingham Rd. |
| (Principal office address MUST BE A STREET ADDRESS) | 13801 Walsingham Bd. A-143 |
| 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 here | 13801 Walsing ham Rd. A-143 Largo, FL 33774 Tice address on our records, enter the name of the new: |
| Name of New Registered Agent: New Registered Office Address: 13801 | Walsingham Rol., A-143 Emer Florida street address |
| Largo Vew Pegistered Agent's Signature if changing Pegistered Agent | City Florida 33774 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> | Name | Address | Type of Action |
|--------------|------------|----------------------|------------------|
| MGR | Dax Tracy | 13801 Walsingham Rd. |) A dd |
| | | A-143 | □ Remove |
| | | Largo, FL 33774 | Change |
| MGR E | Erin Tracy | 13801 Walsingham Rd. | Add |
| | | A-143 | □ Remove |
| | | Largo, FL 33774 | Change |
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| _ | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| f an effec Note: H | ve date, if other than the date of filing: |
| e reco The 9 | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed. |
| Dated _ | July 18 2017. |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | Erin Tracy Typed or printed name of signee |

E.

Page 3 of 3

Filing Fee: \$25.00