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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carrie 3 Dennis Holdings 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:
Mark D. Callie Name of Person
Carrie 3 Dennis Holdings LLC Firm/Company
14359 Micamar Parkway # 243 Address
Miscamas, FL. 33027 City/State and Zip Code
Dennis CMTC@amail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Curtis Dennis at (561) 212 - 3326 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}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carrie 3	— • • •	Holding			
(Name of the Lin	nited Liability Company (A Florida Limited Lia	as it now appears on ou bility Company)	r records.)		
The Articles of Organization for this Limited Florida document number <u>L180000</u> This amendment is submitted to amend the for A. If amending name, enter the new name	Liability Company w 85243. Illowing:	ere filed on Dul	1	and assi	gned
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designati	on "LLC" or the ab	breviation "L.I	C."
Enter new principal offices address, if appl	licable:	N	<u> </u>		<u> </u>
(Principal office address MUST BE A STRE				<u></u>	SIS 31S
				Z.	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)	N.	/ A	27 AMII: 54	ARY (M. J. A. L.) TECCRP(PAA) (N. J.)
B. If amending the registered agent an registered agent and/or the new registered	~-	ce address on our	records, <u>enter</u>	the name	of the new
Name of New Registered Agent: New Registered Office Address:		Dennis Milamar To Enter Florida stre	al Kway	# 243	
	M: (ama	City	Florida	3302	<u> 7</u>

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carrie, Mark D.	3661 SW 163 AVENUE	
		Milamai, FL. 33027	Remove
			Change
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an effective date is lis ote: If the date ins	ther than the date of sted, the date must be specificated in this block does to date on the Departmen	ic and cannot be pri- not meet the appl	icable statutory filii	nore than 90 days after	onal) r filing.) Pursuant to 605.0 s date will not be listed
record specific The 90th day a	es a delayed effecti after the record is fi	ve date, but n iled.	ot an effective	time, at 12:01	a.m. on the earlie
ated <u>6/2</u>	5/18		·		
	/ 1				
	Signature	of a member or aut	thorized representativ	e of a member	

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Filing Fee: \$25.00