118000168155

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



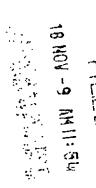


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COVER LETTER

Divi	ision of Corp	orations		,
SUBJECT:	Because of	Carol LLC		
SOBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Christopher D Ragsdale		
			Name of Person	
		13214 Old Florida Circle	Firm/Company	
			Address	
		Hudson, Fl 34669		
		chrisragsdale151@yahoo.co		
			be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please cal	II:	
Christopher	D Ragsdale	•	727 207-4066	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

Because of Carol LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 2018 and a	ssigned
Florida document number L18000168155		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		.
		5
Enter new mailing address, if applicable:	6.7	7
(Mailing address MAY BE A POST OFFICE BOX)	7 (15) 	
	<u> </u>	 <u>പ്പ</u>
	₩."`	F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	<u>-</u>
	City Zip Code	e

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
AMBR	Pamela Bechtelheimer Ragsdale	13214 Old Florida Circle Hudson Fl 34669	
			- Adu
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			🗖 Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			Change

). If amending any other inform	iation, enter change(s) here:	: (Attach additional sheets	s, if necessary.)
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		· · · · · · · · · · · · · · · · · · ·	
			
			<u> </u>
			
	 		
			•
. Effective date, if other than th	ne date of filing:		_ (optional)
 (If an effective date is listed, the date m 	oust be specific and cannot be prior to block does not meet the applical	o date of filing or more than 90 o ble statutory filing requireme	days after filing.) Pursuant to 605.0207 (3 ents, this date will not be listed as the
f the record specifies a delayed). The 90th day after the re		an effective time, at 1	2:01 a.m. on the earlier of:
November 7th	2018	1	
/// ↓	100		
Mund G	way L. Re	GMUL	
/	Signature of a member or author	gred representative of a membe	ī
Christopher David R	agsdale		

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Typed or printed name of signee

Filing Fee: \$25.00