

L18000168406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF COURT
DIVISION OF CORPORATIONS
19 OCT 28 PM 4:35

LLC
Amend.
10/29/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2019

CARRIE L DUVALL
1740 E JERSEY AVE
ORLANDO, FL 32806

SUBJECT: CARRIE DUVALL LLC
Ref. Number: L18000168406

We have received your document for CARRIE DUVALL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 919A00020224

RECEIVED
OCT 28 11:34 AM
2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARRIE DUVALL, 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:

CARRIE L DUVALL
Name of Person
CARRIE DUVALL LLC
Firm/Company
1740 E JERSEY AVE
Address
ORLANDO, FL 32806
City/State and Zip Code
CARRIE@1STMAINPARTNERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARRIE DUVALL 407 718-8955

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

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

CARRIE DUVALL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

DIVISION OF STATE
CORPORATIONS
19 OCT 28 PM 4:35

The Articles of Organization for this Limited Liability Company were filed on 7/12/2018 and assigned
Florida document number L18000168406.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

1060 WOODCOCK ROAD
ORLANDO FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1060 WOODCOCK ROAD
ORLANDO FL 32803

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: _____

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	HOWARD C DAVIS III	2750 TAYLOR RD SUITE A56	<input type="checkbox"/> Add
		ORLANDO FL 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

F. Effective date, if other than the date of filing: _____ (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.

Dated SEPTEMBER 12, 2019.

CARRIE L. DUVAL

Typed or printed name of signer