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S. PRATHER

COVER LETTER

Division of	on Section Corporations		
SUBJECT:	Carlitos House o		Lc.
	Name of Limite	d Liability Company	
The enclosed Article	es of Amendment and fee(s) are submi	itted for filing.	
Please return all corr	respondence concerning this matter to	the following:	
	Carlos:	Sanchez Name of Person	
	Carlitos #	Firm/Company	nce Llc.
	1713 9th 1	Ave. E	·
	Bradenton	FL. 34208 City/State and Zip Code a Mail. Com be ised for future annual report	
	CDUB 9416 E-mail address: (to	be sed for future annual report	notification)
For further informat	ion concerning this matter, please call	:	
	Save Net	at (941) 22	6-3242
110	and of Ferson	71100 0100 170	ville relephone realise
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ce S30.00 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

Carlitus House of	Boure LLC.
(Name of the Limited Liability Compar (A Florida Limited L	ny <u>as it now appears on our records.</u>) iability Company)
The Articles of Organization for this Limited Liability Company. Florida document number <u>L18000178062</u> .	were filed on July 24, 2018 and assigned
This amendment is submitted to amend the following:	···
A. If amending name, enter the new name of the limited liabile Carlifus House of T	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1713 9th Ave. E Bradenton, FL. 34208
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Euy 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
			Remove
			Change
			Add
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			Add
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Dated	Aug.	2	<u> </u>	2018	<u>}</u>				
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Page 3 of 3

Filing Fee: \$25.00