

L18000212620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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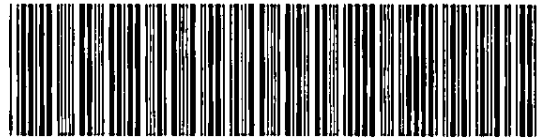
(Business Entity Name)

(Document Number)

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NOV 09 2020

S. YOUNG

FILED  
2020 OCT -2 PM 4:30  
CLERK OF COURT  
JANUARY 14, 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Carriage Hills Capital, 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:

Elizabeth Moses

\_\_\_\_\_  
Name of Person

Carriage Hills Capital, LLC

\_\_\_\_\_  
Firm/Company

4710 State Road 13 North

\_\_\_\_\_  
Address

Saint Johns, Florida 32259

\_\_\_\_\_  
City/State and Zip Code

mmoses@michaelsongroup.com & emoses@michaelsongroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Moses

904

880-0000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Carriage Hills Capital, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/18/2018

Florida document number L18000212620

**FILED**  
2020 OCT -2 PM 4:30  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

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:**

4710 State Road 13 North

**(Principal office address MUST BE A STREET ADDRESS)**

Saint Johns, Florida 32259

**Enter new mailing address, if applicable:**

4710 State Road 13 North

**(Mailing address MAY BE A POST OFFICE BOX)**

Saint Johns, Florida 32259

**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:**

(NA-No change to name -- change address only)

**New Registered Office Address:**

4710 State Road 13 North

Enter Florida street address

Saint Johns

Florida 32259

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**



[illegible]

(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)

Dated September 30, 2020

\_\_\_\_\_ 2020  
*Walter H. Williams*

Michael N. Moscs

Typed or printed name of signee