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(Requestor's Name) (Address)	00	0385795
(City/State/Zip/Phone #)	LLC	N/C q
(Business Entity Name) (Document Number)		72.
Certified Copies Certificates of Status		·
Special Instructions to Filing Officer:	A RAMSEY JUN-6 2022	TALLAHASSEE, FLORIS

Office Use Only



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Amend

2022 JUN -3 AM 8: 17

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/03/22

NAME: CARVERSE LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Se Division of Cor					
		Carverse	LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Micah Patterson				
Name of Person						
		Carverse 11c				
		Firm/Company				
		1478	1478 riverplace blvd #1602			
		Address Jacksonville Florida 32207				
		nika	City/State and Zip Code emfp@yahoo.com			
			to be used for future annual	report notification	on)	
For fur	ther information c	oncerning this matter, please e	all:			
	Micah Patters	on	at ()	515-7777		
	Name o	f Person	Area Code	Daytime Tele	phone Number	
Enclos	ed is a check for the	ne following amount:				
□ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		<u>Street A</u> Registr	ddress: ation Section	ı	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION

2022 JUH -3 AM 8: 17

SEF FI VIII	
and assigned	
or the abbreviation "L.L.C."	
1478 riverplace blvd #1602	
ida 32207	
502	
2207	
he name of the new regist	
rida	
rida	

Thereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with 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 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
			□Add
			□Remove
			□Change
			□Add
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an effective date is li ote: If the date in	other than the date of fi sted, the date must be specific serted in this block does n e date on the Department	and cannot be prior not meet the applic	to date of filing or mor able statutory filing	(optional e than 90 days after filin requirements, this dat	g.) Pursuant to 605.0207 (
record specifies a is filed.	delayed effective date, but	not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
	200 - 02	2022	. •		
ated	June,02	_·			
ated	June, 02	VISP			
ated	•	2022 WSP of a member or autho	prized representative of	fa member	

Filing Fee: \$25.00