119000008388

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:		nunications	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	_ Ann Mar	il Hussey Name of Person	
	Carter J	Communication Firm/Company	<u>ns</u>
	_ 1271 DOC	KSide dr. Address	
		FL 33559 City/State and Zip Code	
	<u>Annmarie</u> E-mail address: (@ Carter Commuto be used for future January report notifi	nilations (cm
For further information cor	ncerning this matter, please co	ali:	
Richard J Fr	USS'EY Person	at (<u>941</u>) <u>786</u> . Area Code Daytime	8483 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	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:		Street Address:	

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

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

Carter) Communications
(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 $\frac{107009}{2019}$ and assigned Florida document number $\frac{L19000008388}{200000000000000000000000000000000000$
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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 Zin 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 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
AMB.R	Ann Marie Hussey	1271 DOUKSIAC drive Lutz, FL 33559	XAdd
		Lutz, FL 33559	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			Remove
			□Change
		□Add	
			□Reinove
			□Change
			□Add
			□Remove
		•	□ Chanus

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
•	
-	
	
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•	
Note:	ive date, if other than the date of filing:
he recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	115 . 2020. Signature of a member or authorized representative of a member Lichard J Hussey Typedor printed name of signee
	Signature of a member or authorized representative of a member
	Richard J Hussey Typegor printed name of signee

Filing Fee: \$25.00