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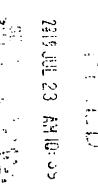
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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Carlow</u>	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Katherine Tran	
		Name of Person	
		Firm/Company	
	290	7 Ebbfide RJ. Address	
	Core	City/State and Zip Code	
	E-mail address: (t	herine, J. Irana ameil cam	cation)
For further information c	oncerning this matter, please ca	all:	
Katherine Name o	ran f Person	at (<u>949</u>) <u>413 - 97a</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
Ø \$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

iny as it now appears on our reco Liability Company)	ords.)
were filed on 06/21/2019	and assigned
0471/2010	
lity Company," the designation "L	LC" or the abbreviation "L.L.C."
14216 Covert Green Pl	
Riverview, FL 33579	
	No E
	ω
	rds, enter the name of the new
<u>c</u> .	ن ن ن
	
Enter Florida street add	ress
	Florida
City	Zip Code
	lity Company," the designation "L 14216 Covert Green Pl Riverview, FL 33579 ffice address on our recoge: Enter Florida street add

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, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			☐ Change
			Add
			Remove
			Change
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Effective date, if other than (If an effective date is listed, the da Note: If the date inserted in t document's effective date on	te must be specific and car his block does not mee	nnot be prior to d it the applicable	ate of tiling of more t		g.) Pursuant to 605.0207 (3)
the record specifies a del) The 90th day after the		e, but not a	n effective time	e, at 12:01 a.m.	on the earlier of:
Dated July 15		2019			
	Jn.— Signature of a men		ed representative of a	member	 _
Katherine Tran					
Tunerine Fran	Ту	ped or printed n	ame of signee		

Page 3 of 3

Filing Fee: \$25.00