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COVER LETTER

TO:		gistration Se ision of Cor			
ci in i	ECT.	CARRABI	ELLE JUNCTION LLC		
SOBI	IECT:	•	Name of Lim	ited Liability Company	
The e	nclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspo	ondence concerning this matter	to the following:	
			ELLEN JOHNSON		
			CARRABELLE JUNCTIO	Name of Person	
				Firm/Company	ame of Person ame of Person Address tate and Zip Code IOO.COM I for future annual report notification) at () Area Code Daytime Telephone Number 5.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status &
			PO BOX 386		
			CARRABELLE FL 32322		
			ELLENLANORAJOHNSO	City/State and Zip Code N@YAHOO.COM	
			E-mail address: (to be used for future annual report not	ification)
For fu	erther in	nformation c	oncerning this matter, please co	ull:	
ELLE	EN JOI	INSON			
		Name o	f Person	Area Code Daytin	e Telephone Number
Enclo	sed is a	a check for the	he following amount:		
■ \$3	25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registration Section Division of Corpo	วท

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARRABELLE JUNCTION LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records I Liability Company)	_)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.19000205204}{1.19000205204}$.	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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:		1.02
(Mailing address MAY BE A POST OFFICE BOX)		9 T
		上海 マー
		SER OF T
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>:re</u> :	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agend	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my duties, and	d I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	JASON KEITH		
		2405 SAWMILL CREEK RD SITKA AK 99835	■ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			
			☐ Remove
			Change
			D Add
			□ Remove
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Effective date, if other than the	date of filing:	(optional)	
(If an effective date is listed, the date must	be specific and cannot be prior ek does not meet the applica	to date of filing or more than 90 days after filing.) Pursuant to 605, able statutory filing requirements, this date will not be liste	
the record specifies a delayed) The 90th day after the reco		t an effective time, at 12:01 a.m. on the earlie	r of:
Dated	2019		
E'01	Oslnom	rized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00