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COVER LETTER

TO: Registration Se Division of Cor			•			
Felicitas Ca	arter, LLC					
SUBJECT:	Name of Lim	ited Liability Company	•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Felicitas Carter					
		Name of Person				
	The Cici Carter Team				•	
		Firm/Company			رد	
	830 Mosswood Chase St			دو ش د		•
		Address				
	Orange Park, FL 320656			'- - r	7: 35 STATE F. F.I	**************************************
	cici.carter@kw.com	City/State and Zip C	ode			
	E-mail address: (to be used for future an	nual report notific	ation)		
For further information c	concerning this matter, please c	all:				
Felicitas Carter		404 at (822-3909			
Name o	of Person	Area Code	Daytime '	Telephone Number		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop tadditional copy	y	Certified C	of Status &)
<u>Mailing Addres</u> Registration			et Address: istration Sect	ion		
Registration Section Division of Corporations		Div	ision of Corpo	orations		
P.O. Box 632			Centre of Ta		0	
Tallahassee,	CT, 040TH	241.	ON MONTOC	Street, Suite 810	J	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Felicitas Carter, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	appears on our records.) upany)
he Articles of Organization for this Limited Liability Company were filed	on Dec 10, 2019 and assigned
lorida document number L19000300944	
this amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The Cici Carter Team, LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	(6) = 11
Enter new mailing address, if applicable:	T 3
Mailing address MAY BE A POST OFFICE BOX)	lat
	- -
If amending the registered agent and/or registered office address or gent and/or the new registered office address here:	n our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida
Cin	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

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
			Remove
			Remove
			BAdd Figure 1
			¬¬ □Remove
			☐ Si ☐ Change
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fective date, if other than that an effective date is listed, the date in ote: If the date inserted in this occument's effective date on the	nust be specific and block does not r Department of S	d cannot be prior t meet the applica State's records.	ble statutory fil	more than 90 days ing requirements	s, this date will no	ot be lis	ited as
record specifies a delayed effect is filed.	ive date, but not	t an effective tin	ne, at 12:01 a.m	i, on the earlier c	र्गः (b) - The 90th	day aft	er the
		2024					

Filing Fee: \$25.00