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R. WHITE FEB 24 2020

COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Con			
	/ LLC		,
SUBJECT:	Name of Lim	ited Liability Company	
CARLOTY LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RAZ SHIFRIN Name of Person CARLOTY LLC Firm/Company 1661 STARGAZER TERRACE Address SANFORD , FLORIDA 32771 City/State and Zip Code RAZ.SHIFRIN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAZ Name of Person Area Code Daytime Telephone Number Sinclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \text{Certificate of Status} \text{Certificate of Status} \text{Certificate of Status} \text{Certificate copy is reclosed} \text{Certificate of Status} \text{Certificate Copy} \text{Certificate Copy} \text{Certificate Copy} \text{Certificate Copy} \text{Certificate Copy} \text{Certificate Copy} \text{Certificate Ocopy} \text{Certificate Copy} \text{Certificate Copy} \text{Certificate Copy}			
		_	
	RAZ SHIFRIN		
	-	Name of Person	
	CARLOTY LLC		
		Firm/Company	
	1661 STARGAZER TERF	RACE	
		Address	
	SANFORD , FLORIDA 33	2771	
		City/State and Zip Code	.
			Continu
For further information c		•	incanoni
RAZ			
Name o	of Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &
Mailing Address		Street Address:	otion
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P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARLOTY LLC 2011 31 71 1:50

(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 1/2/2020 and assigned Florida document number L20000009633 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." 222 HICKMAN DRIVE UNIT F21 Enter new principal offices address, if applicable: SANFORD, FLORIDA 32771 (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

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
			
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			□Change
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ecord specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on t	he carlier of: (b) The 90th	day after the
JAN 29 ted	2020	·	_	
		01		
S	ignature of a member or auth	orized representative of a	member	

Filing Fee: \$25.00