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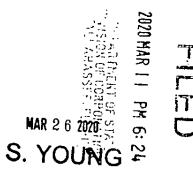
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COVER LETTER

	egistration S ivision of Co		:	
CHRICT		Family Holdings, LLC	·	
SUBJECT	•	Name of Li	mited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are su	shmitted for filing	
		ondence concerning this matte	-	
	· · · · · · · · · · · · · · · · · · ·		g .	
		William S. Carson, Jr		
			Name of Person	
			Firm/Company	
	209 Frenchmans Creek Way			
Address Winter Haven, FL 33884				
		Carson1717@gmail.con E-mail address:	(to be used for future annual report notifi	ication)
For further	information	concerning this matter, please		
William Ca	arson		863 307-1315	
	Name	of Person		Telephone Number
Enclosed is	a check for	the following amount:		
□ \$ 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)
R D P.	egistration ivision of 0. O. Box 63 allahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carson Jr Family Holdings, LLC

(<u>Name of the Limited Liability</u> (λ Florida)	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000015112</u>	ompany were filed on 1/8/20	20 and a signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	· · · · · · · · · · · · · · · · · · ·
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida .	street address
	Cin	, Florida Zio Code
	,	Algo Sarane

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>	<u>Address</u>	Type of Action
MGR	William S. Carson, Jr	209 Frenchmans Creek Way	≣ Add
		Winter Haven, FL 33884	□ Remove
			Change
			□Add
			□Remove
			□Change
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Effective da	1/1/2020	(ontional)
f an effective d	date is listed, the date must be specific and cannot be prior to date of filing or more than side date inserted in this block does not meet the applicable statutory filing require	90 days after filing.) Pursuant to 605.020
document's e	effective date on the Department of State's records.	ements, this date will not be fisted as
e record speci	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
rd is filed.		
Janua	ary 1 2020	
Dated	<u> </u>	
	X / 1	
-	Signature of a member or authorized representative of a men	nber

Filing Fee: \$25.00