



## COVER LETTER

TO: Registration Section  
Division of CorporationsSUBJECT: Carter Restoration Escambia County Florida, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and rec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Kyle Carter

Name of Person

Carter Restoration Escambia County Florida, LLC

Firm/Company

2410 Westgate Dr Suite 105

Address

Albany, GA 31707

City/State and Zip Code

accounting@servproalbany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Dunn

229

888-2366

at ( )

Name of Person

Area Code

Daytime 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)Mailing Address:Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street Address:Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carter Restoration Escambia County, LLC

(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 02/27/2020 and assigned  
Florida document number L20000065583.

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 "LLC."

Enter new principal offices address, if applicable:

(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: Benjamin Kyle Carter

New Registered Office Address: 1403 Florida Avenue  
*Enter Florida street address*

Panama City, Florida 32401  
*City 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Benjamin Kyle Carter	1403 Florida Avenue	<input checked="" type="checkbox"/> Add
		Panama City, FL 32401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kyle Carter	2410 Westgate Dr Suite 105	<input type="checkbox"/> Add
		Albany, GA 31707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED

2020 OCT - 2 AM 10:41

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2020 NOV 12 AM 10:41

7-11

F. 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 to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 29<sup>th</sup> 2020

Signature of a member or authorized representative of a member

Benjamin Kyle Carter

Typed or printed name of signee

**Filing Fee: \$25.00**