# L20000161816

Office Use Only



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AUG 1 0 2020 S. YOUNG

#### **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT:,	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BENJAMIN BERTHET				
		Name of Person			
	2BC FLORIDA LLC				
	<del></del>	Firm/Company			
	16385 BISCAYNE BLVD	UNIT 1219			
		Address	<del></del>		
	AVENTURA, FL. 33160				
		City/State and Zip Code			
	b.berthet@2bc.us				
	E-mail address: (	to be used for future annual report not	titication)		
For further information c	oncerning this matter, please c	all:			
BENJAMIN BERTHET		941 7269984 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne 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:		Street Address: Registration Se	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARSON TRADING 60 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  $\frac{06/11/2020}{}$ Florida document number 1.20000161816 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CARSON TRADING GO LLC The new name must be distinguishable and contain the words "Limited Liability 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: (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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 th 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
AMBR	DOMENICO CAPORICCI	780 NE 69TH STREET, APT 1810	□Add
		MIAMI, FL. 33138	≣Remove
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			□Add
		<del>-</del>	□Remove
		<del></del> -	
			□ Add
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record specifies a de The 90th day after th			t an effective tim	e, at 12:01 a.m. on	the earlier of
June the 18th		2020			
ated	—		<u> </u>		
		AND THE PARTY OF T			

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Typed or printed name of signee