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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Gurinara Eriki, Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor				
Carsky Sign	n Runner LLC	•		
SUBJECT:	Name of Lin	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:		
	Chad D Carscallen			
		Name of Person		
	Carsky Sign Runner LLC			
		Firm/Company		
	11390 River Hollow Ln			
		Address		·
	Jacksonville, Fl. 32218			
		City/State and Zip Code		
	chade@carskysignrunner.ed	om to be used for future annual re	nort notification	
or further information c	oncerning this matter, please c		port nonneation)	
Chad D Carscallen		509 528-4	1444	
Name o	f Person	at () Area Code	Daytime Teleph	one 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 Addres		Street Add		
Registration S Division of C		-	ion Section of Corporation	ons
P.O. Box 632			re of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AL + 24 AL 7: 40 Carsky Sign Runner LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ____ and assigned Florida document number L2000021130 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." 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: New Registered Office Address: Enter Florida street address ___. Florida ____

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2020 Al + 21, All 7: 1:0	Type of Action
MGR	Chad D Carscallen	11390 River Hollow Ln	= Add
		Jacksonville, FL 32218	□Remove
		509-528-4444	
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
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Effective date, if other an effective date is listed. Note: If the date inserted document's effective date.	the date must be speed in this block doe	cific and cannots not meet t	he applicable			r filing.) Pursuant t	
record specifies a delay d is filed.	red effective date.	but not an ei	fective time, a	at 12:01 a.m. on	the earlier of: (b) The 90th day	after the
Pated <u>August</u>	- 20 21 1		020				

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