# 

-	(Requestor's Name)	<del></del>
	(Address)	· · · · · · · · · · · · · · · · · · ·
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	·
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## CORPORATE

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			WALK IN
		PICK	K UP: 3/8 Glinda
		CERTIFIED COPY PHOTOCOPY	
		CUS	
	xx	FILING	LLC AMEND
1.		Carbon Assets I, LLC	
2.		(CORPORATE NAME AND DOCUM	JENT #)
3.		(CORPORATE NAME AND DOCUM	MENT #)
4.		(CORPORATE NAME AND DOCUM	MENT #)
5.		(CORPORATE NAME AND DOCUM	MENT #)
6.	-	(CORPORATE NAME AND DOCUM	IENT #)
	CIAI TRU	L CTIONS:	

## COVER LETTER

-	ision of Co				
CUDIECT.	Carbon As	sets I, LLC			
SUBJECT:		Name of Lim	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Kevin A. Denti, Esquire			
			Name of Person		
		Kevin A. Denti, P.A.			
			Firm/Company		
		2180 Immokalee Road - S	uite #316		
			Address	1-0-0	
	Naples, Florida 34110				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		kdenti@dentilaw.com	to be used for future annual repo		
F 6	. C		•	я постеация)	
		oncerning this matter, please c			
Kevin A. De			239 260-8 at ()	Osytime Telephone Number	
	Name o	f Person	Area Code I	Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
<b>■ \$25.00</b> F	iling Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Addres		Street Addr		
_	gistration S vision of C	Section orporations		Registration Section Division of Corporations	
	Box 632	-		of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carbon Assets I, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document number L21000088488		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		0 1
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
AMBR Ralph R. Cioffi, Jr.	Ralph R. Cioffi, Jr.	12948 Pembroke Drive	□Add
		Naples, Florida 34105	■Remove
			□Change
MGR Ralph R. Cioffi, Jr.	Ralph R. Cioffi, Jr.	12948 Pembroke Drive	■Add
		Naples, Florida 34105	□Remove
			□Change
			□Add
			□Remove
		***	Change
			□Add
			□Remove
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<del></del>			□Add
			□ Remove
		*	□Change
			□Add
			□Remove

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(If an effecti Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 8 , 2021.  Signature of a member of authorized representative of a member.
	Signature of a member or authorized representative of a member
	Kein A. Denti

Filing Fee: \$25.00