

L21000186736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

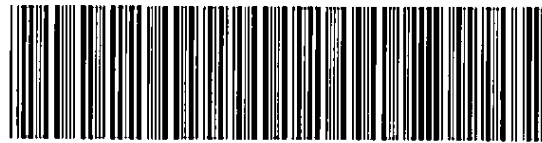
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TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Amended Annual Report

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Craig Hastings

Name of Person

CARPE DIEM ENTERPRISE INFORMATION LLC

Firm/Company

1070 Montgomery Rd #2087

Address

Altamonte Springs, FL 32714

City/State and Zip Code

infocarpediemllc@gmail.com

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

For further information concerning this matter, please call:

Craig Hastings

321 444-8538
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CARPE DIEM ENTERPRISE INFORMATION 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 4/22/2021

Florida document number L21000186736

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

1070 Montgomery Rd #2087

(Principal office address MUST BE A STREET ADDRESS)

Altamonte Springs, FL 32714

Enter new mailing address, if applicable:

1070 Montgomery Rd #2087

(Mailing address MAY BE A POST OFFICE BOX)

Altamonte Springs, FL 32714

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:

Craig D. Hastings

New Registered Office Address:

1070 Montgomery Rd #2087

Enter Florida street address

Altamonte Springs,

Florida 32714

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 | Craig Hastings | 1070 Montgomery Rd #2087 | <input checked="" type="checkbox"/> Add |
| | | Altamonte Springs, FL 32714 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MORENO-BERMUDEZ, MILDRED I | 1070 Montgomery Rd #2087 | <input checked="" type="checkbox"/> Add |
| | | Altamonte Springs, FL 32714 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | COLON, NAJOME M | 1070 Montgomery Rd #2087 | <input type="checkbox"/> Add |
| | | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRET

E. Effective date, if other than the date of filing: _____ (optional)
(Use effective date if filing a continuation-in-part application.)

(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 August 11th

2021

Signature of a member of the Board _____

CRAIG D. HASTINGS

Typed or printed name of signee

Filing Fee: \$25.00