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COVER LETTER

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TO:

TO: Registration S Division of Co					
	ansevennant, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Caroline Vansevenant				
		Name of Person			
	Caroline Vansevenenant, I	AC			
		Firm/Company			
	457 Steerview St				
		Address		, L-~3	
	Saint Cloud, FL 34771				
		City/State and Zip Code)-1
	caroline@buysellinvestorla			აი ≫ პქ თ	'n
For further information	is-mail address: (concerning this matter, please c	to be used for future annual report noti	fication) fr	AH 6:3	
	eoneeming this matter, pieuse e		۲-	31 EE	
Caroline Vansevenant		407 946-5675 at ()			
Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	
<u>Mailing Addre</u> Registration	- 	<u>Street Address:</u> Registration Se	ction		
Division of (Division of Cor			
P.O. Box 63	27	The Centre of T		.10	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caroline Vansevenant, LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	-
The Articles of Organization for this Limited Liability Company w	vere filed on 11/21/2021	and assigned
Florida document number 121000477114		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Caroline Lutgarde B Vansevenant, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		~>
(Principal office address MUST BE A STREET ADDRESS)		
- The state of the		
		<u> </u>
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Enter new mailing address, if applicable:	- Sun	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		- 23
	m	
3. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the nam	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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
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			□Change
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