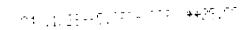
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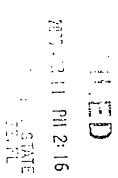
| (Requestor's Name)                      |
|---|
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| Special Instructions to Filing Officer: |
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R. HUNT 04/1// 2]

## **COVER LETTER**

TO:

Registration Section

| Division of Cor              | porations  |  |  |                   |
|------------------------------|--|--|--|-------------------|
| SUBJECT:                     | Cary Lennera<br>Name of Lim                          | th UC  |  |                   |
|                              | Name of Lim  | ited Liability Company   |  |                   |
| The enclosed Articles of     | Amendment and fee(s) are sub                         | mitted for filing.   |  |                   |
| Please return all correspo   | ndence concerning this matter                        | to the following:  |  |                   |
|                              | Coridoo  | Name of Person   |  |                   |
|                              | cary Lo  | Firm/Company   |  |                   |
|                              | 1010 Arrow   | read Drive ne  |  | * 79***<br>**** * |
|                              | Soint R  | City/State and Zip Code  Sc @hotmail.com to be used for future annual report not | 23 PH 2: 16  | C                 |
| For further information c    | E-mail address: (<br>oncerning this matter, please c | to be used for future annual report for  | ification)   |                   |
| Cosidad<br>Name o            | Lennerth<br>f Person                                 | at ( <u>727</u> ) <u>306 –</u><br>Area Code Daytin                               | ne Telephone Number  |                   |
| Enclosed is a check for the  | 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,<br>Certificate of State<br>Certified Copy<br>(additional copy is enc |                   |
| Mailing Addres               |  | <u>Street Address:</u><br>Registration Se  | ection   |                   |
| Division of C                | •  | Division of Co   | •  |                   |
| P.O. Box 632<br>Tallahassee, |  | The Centre of 2415 N. Monro  | Tallahassee<br>be Street, Suite 810  |                   |
| rananassee,                  | L レンムJ 174   | 2417 IN. IVIONIC   | ic officer same offi   |                   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

cary Lennerth uc

| ( <u>Name' of the Limited Liability Company as it</u><br>(A Florida Limited Liability                                     | now appears on our records.)<br>Company)                      |
|---|---|
| The Articles of Organization for this Limited Liability Company were for Florida document number <u>L2100514101</u> .     | iled on December 3, 2021 and assigned                         |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability co   | mpany here:   |
| Cariclod Lenerth LLC  The new name must be distinguishable and contain the words "Limited Liability Com                   |   |
| The new name must be distinguishable and contain the words "Limited Liability Con   | pany," the designation "LLC" or the abbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
|   |   |
| <del></del> .   | **************************************                        |
| Enter new mailing address, if applicable:   |   |
|   | 25  |
| (Mailing address MAY BE A POST OFFICE BOX)  | m 6   |
|   |   |
| B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: | s on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
|   | Enter Florida street address                                  |

## 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.

City

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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| ective date, if ot       | her than the date                                  | of filing:    |               |             |                | (               | optional)                             |            |               |
| n effective date is list | ed, the date must be spe<br>crted in this block do | ecific and ca |               |             |                | than 90 days    | after filing.)                        |            |               |
|                          | date on the Departm                                |               |               |             | tory rining it | oquit ciriciti. | s, ting date v                        |            | oc noted a    |
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| is filed.                |  |               |               |             |                |                 |                                       |            |               |
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| ted <u>march</u>         | 4 23   |               | •             | /           |                |                 |                                       |            |               |
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