L22 0000 14264

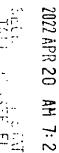
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(10	uiess)	
(Cit	ry/State/Zip/Phone	e #)
		—
☐ PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
	cument Number)	
(50	oument Humber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
,	3	

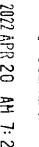
Office Use Only



800385984078

04/20/22--01008--015 **25.00





J 1911/2022

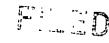
COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	Car SON CRE 1	BUSINESS LLC 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:	
	<u></u>	Erik CarlSon Name of Person	
		Firm/Company	
	11791 FEND	emble Way	
		City/State and Zip Code, arlson & hotmail.com	
	erik_co	ar SoN & hotmail com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	alt:	
Erik Co		at (450) 575 Area Code Daytime	- 74 7.5 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



OF 2022 AFR 20 AM 7: 22 ability Company as it now appea orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L 22000 14264 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 "LLC." 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.

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>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
		 	□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□Add
		 	Remove
		 	□Change
			□Remove
			Change
			🗀 Add
			Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
•	
17.00 A.	
(If an effection of the Mote: If the Mote: If the Mote: If the Mote: If the Mote is a second of the Mo	date, if other than the date of filing:
ne record spord 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	April 18 /2022
	Signature of a member or authorized representative of a member
	Elik Carlson
	Typed or printed name of signee

* *

Filing Fee: \$25.00