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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174

Phone : (239)262-5303

Fax Number

: (239)262-6030

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

*Email Address:	conrad@swfloridalaw.com	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARBON 306, LLC

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# **COVER LETTER**

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SUBJE	Carbon 30e	6, LLC			
		Name of Lin	nited Liability Company	····	<del></del>
		Amondment and fee(s) are sul			
Please R	eturn all correspo	ondence concerning this matter	to the following:		
		Conrad Willkomm, Esq.			
		• •	Name of Person	4	
		Law Office of Conrad Wi	likomm, P.A.		
			Firm/Company	The second secon	**************************************
		3201 Tumiami Trail N. 2n	ed Floor		
		The state of the s	Address		
		Naples, FL 34103			
		conrad/@swfloridalaw.com	City/State and Zip Code		
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For furth	er information o	oncerning this matter, please e	ail:		
Kimbert	y Willkomm		239 262- at ( )	5303	
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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

From: Conrad/Willkomm

Fax: 12392626030

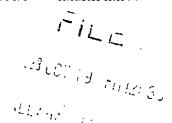
To: 8506176383@rcfax.com

Fax: (850) 617-6383

Page: 6 of 8

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Carbon 306, 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 01/14/2022 \_\_ and assigned Florida document number 1.22000018161 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

#### 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.

\_\_. Florida \_\_\_

From: Conrad Willkomm -

Fax: 12392626030

To: 8506176383@rctax.com Fax: (850) 617-6383

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10/19/2023 12:15 PM

#### 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

Title	<u>Name</u>	Address	Type of Action
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