L22000018161

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COVER LETTER

TO: Registration Se Division of Cor					
Carbon 306	5, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Conrad Willkomm, Esq.				
		Name of Person			
	Law Office of Conrad Wil	lkomm, P.A.			
		Firm/Company			
	3201 Tamiami Trail N. 2n	d Floor			
Address					
	Naples, FL 34103		SEC TA	2023	
		City/State and Zip Code		OCT	
	conrad@swfloridalaw.com			23	
	E-mail address: (to be used for future annual report no	otification) にいっこ	3>	
For further information of	concerning this matter, please c	all:	E, F	2023 OCT 23 AM 10: 08	
Kimberly Willkomm		239 262-5303 at ()	L ATE	80	
Name o	of Person		me Telephone Number		
Enclosed is a check for t	he following amount:				
	-	☐ \$55.00 Filing Fee &	□ \$60.00 Filir	na Fee	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified C	of Statu Copy	
Mailing Addre		Street Address:	ı		
Registration Section		Registration S			
Division of C P.O. Box 63:		Division of Co The Centre of			
r.U. DUX 0327		THE COMPC OF Fallandssec			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carbon 306, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 01/14/2022	and assigned
Florida document numberL22000018161		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	
Enter new principal offices address, if applicable:		2028 C
(Principal office address MUST BE A STREET ADDRESS)		
		23 T
m		AM C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 0 8 P
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	225
	City F	lorida 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
MGR	Carrie Ryan	315 7th Ave N	■Add
		Naples, FL 34102	□Remove
			Change
			□ Add
			□Remove
		····	Change
	····		SE Bodd SE CRemove
			AHR) OF STATE
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

Typed or printed name of signee