

122000039353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

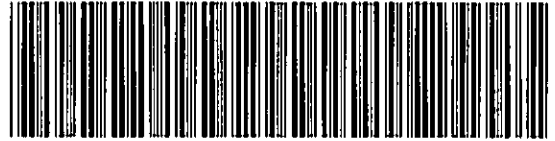
(Business Entity Name)

(Document Number)

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FILED
FALL GUYASSEE, FLORIDA

2022 JUL 18 AM 11:52

OCT 10 2022
S. PRATHE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIQUID CARBON PROPERTIES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel Drude-Tomori, Esq., LL.M.
Name of Person
Berlin Patten Ebling, PLLC
Firm/Company
525 1st Avenue North
Address
St. Petersburg, Florida 33701
City/State and Zip Code
amont@berlinpatten.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Mont
Name of Person
941 954-9991
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIQUID CARBON PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 JUL 18 AM 11:52
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 20, 2022 and signed
Florida document number L22000039353

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 "L.L.C."

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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	ADAM R. JOHNSON	3800 ULMERTON RD	<input type="checkbox"/> Add
		CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHELSEA HEAVENRIDGE	3800 Ulmerton Rd, Clearwater, FL 33762	<input type="checkbox"/> Add
		3800 Ulmerton Rd, Clearwater, FL 33762	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LCP2 OF WYOMING LLC	1309 Coffeen Avenue STE 1200	<input checked="" type="checkbox"/> Add
		Sheridan, Wyoming 82801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal dashed lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____ 7-14 _____, 2022

MEMBER: LCP2 OF WYOMING LLC

Signature of a member or authorized representative of a member

Julie Johnson Weintraub, Manager of LCP2 OF WYOMING LLC

Typed or printed name of signee

2022 JUL 18 AM 11:52
TALLAHASSEE, FLORIDA