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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of S	tatus
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Special Instructions to Fi	ling Officer:	
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Office Use Only



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R. HUNT O7/15/23

COVER LETTER

TO: Registration Section

Division of Cor	porations		`	1€	
Esposito W	ood LLC	,	45		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Daniel Esposito				
		Name of Person		<u> </u>	
	Esposito Wood LLC				
		Firm/Company		_	
	714 Acer Ct			28 28 28	
	·	Address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Deland, FL 32724				,
		City/State and Zip Code	,	PH 12: 53	
	espwoodco@gmail.com	to be used for future annual report not		TST N	•
For further information c	oncerning this matter, please co	•	ncation)	FE S	3
Daniel Esposito		386 366-1858			
Name o	f Person		e Telephone Numb	er	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & cd Copy al copy is enclose	
Mailing Addres Registration 5	 -	<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor			
P.O. Box 632	.7	The Centre of T		_	
Tallahassee. 1	F1. 32314	2415 N. Monro	e Street Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Esposito Wood LLC

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears (iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	02/07/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
Carved LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRESS)			-3
			د،
			1 in *
Enter new mailing address, if applicable:		<u> </u>	. co < <u>''',</u> γ
(Mailing address MAY BE A POST OFFICE BOX)		in.	
		<u></u>	5 5
		,	in ω
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the nam</u>	e of the new registere
agent and/of the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Floride	ı street address	
		T21 2 J	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	verformance of m rovided for in Ch	y duties, and I am J apter 605, F.S. Or,	familiar with and if this document is
If Chan	ging Registered Agen	t, Signature of New Rej	gistered 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>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			e-E∏Remove
			□Change
		ار ان ان ا	CPAdd 1
			Bemove
			□Change
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Jan Rigerto		ies a delayed effective da	te, but not an	effective time	e, at 12:01 a.:	m. on the earli	er of: (b) (The 90	th day a	ifter the
Signature of a member or authorized representative of a member	is filed.			2023						
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