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2023 SEP 26 PH 5: 09

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COVER LETTER

то:	Registration Se Division of Cor	ction porations		y Arriva
	Carole Lee	Listings, LLC	6	
SUBJE	CT:			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Chavonne Belgrave		
			Name of Person	
		Carole Lee Listings, LLC		
			Firm/Company	
		14701 Bartram Park Blvd	#1322	
	Address			
		Jacksonville Florida 32258	3	
		cbelgrave78@gmail.com	City/State and Zip Code	
For furt	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	itication)
	ine L. Belgrave	oneering in., maker, produce e	904 450-9571	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
	5.00 Filing Fee	SS \$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 Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Carole Lee Listings, 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 $\frac{03/14/2022}{1}$ ____ and assigned Florida document number ______L22000125788 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Carole Lee Partners, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." i i i i i San Jose Blvd Enter new principal offices address, if applicable: #56 (Principal office address MUST BE A STREET ADDRESS) Jacksonville Fl 32221 14701 Bartram Park Blvd Enter new mailing address, if applicable: #1322 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville FL 32258 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.

Cin

_, Florida ___

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
			□Remove
			□Change
			□Add
			□ Remove
		-	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ce date, if other than the date of filing:
If the record record is file	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 d.
Dated _	Signature of a member or authorized representatively a member
	Chavonne Delarave. Typed or printed name of signee

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