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July 21, 2023

APRIL HILL 417 BEAVER RUN STREET LAKE PLACID, FL 33852 US

SUBJECT: WHAT IN CARNATION LLC

Ref. Number: L22000310526

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

NUE 16 2023

Letter Number: 323A00016347

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: What us Carnate Name of Limited Liability Company	on LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
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Devon Don O Name of Person	Coshin
Boo Day Lina Firm/Company	rcial Braip Inc
702 W. Madress	n st
Frontain 41	33825
City/State and Zip C	inual report notification)
For further information concerning this matter, please call:	
Devon P. Donaldson at (Rea Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Certificate of Status	
CK#6985 For \$3500	•
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P.O. Box 6327 The	Centre of Tallahassee 5 N. Monroe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 , Florida

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 Title Name. Address Type of Action _____ Change _____ □Remove _____ Change _____ Change ______ DChange _____ Change

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If an effect <u>Note:</u> Ti	e date, if other than the date of filing: (optional) tive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to a seffective date on the Department of State's records.
e record rd 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 _	O'U P. Dina.
	Signature of a member or authorized representative of a member
	April Hill Typed or printed name of signee

Filing Fee: \$25.00