L22000377484

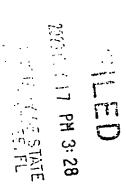
(Re	equestor's Name)	
(Ad	ldress)	·········
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200401696802

02/07/29--01016--018 **35.00



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
Core EV, I	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kenneth A Corr		
		Name of Person	
	Core EV LLC		
		Firm/Company	
	10167 Sweetgrass Circle	Unit 315	
		Address	
	Naples, FL 34104		
		Name of Person V LLC Firm/Company Sweetgrass Circle Unit 315 Address FL 34104 City/State and Zip Code oreEv.Co E-mail address: (to be used for future annual report notification) his matter, please call: 239 359-7853 at (
	Info@CoreEv.Co	to be need for future annual report noti	fication)
For further information	concerning this matter, please ca	-	
Kenneth A Corr			
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration			ction
Division of 0	Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of T	allahassee

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



April 12, 2023

KEN CORR 2100 M JAY RD JAY, VT 05859

SUBJECT: CORE EV, LLC. Ref. Number: L22000377484

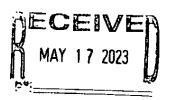
We have received your document for CORE EV, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 823A00008265



www.sunbiz.org

Division of the property of th

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

MED

/ \	1337	1 1	1.
Core.	LLV.	1.1	Α.

(Name of the Limited Liability Company as it now appears on bur records.)

(A Florida Limited Liability Company)

he Articles of Organization for this Limited List lorida document number 1.22000377484	ability Company	were filed on which	Fand assigned
his amendment is submitted to amend the follo	wing:		
a. If amending name, enter the new name of	the limited liab	ility company here:	:
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10167 Sweetgrass (Cir.
(Principal office address MUST BE A STREET ADDRESS)		unit 315	
		Naples, FL 34104	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		10167 Sweetgrass Cunit 315	Äir.
		Naples, FL 34104	
B. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	0		ords, enter the name of the new registo
Nau Pagistared Office Address:	10167 Sweetgra	ass Cir. Unit 315	
Name of New Registered Agent: New Registered Office Address:		Enter Florida	street address
	Naples		, Florida <u>34104</u>

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>	Address	Type of Action
СМО	Karina M Cort	10167 Sweetgrass Cir. Unit 315 Naples FL 34104	≡ Add
			□Remove
			□Change
VP	Karina M Corr	10167 Sweetgrass Cir. Unit 315 Naples F1, 34104	■Add
			□Remove
			□Change
COO	Kenneth A Corr	10167 Sweetgrass Cir. Unit 315 Naples FL 34104	= Add
			□Remove
			□Clunge
			□Remove
			□Change
			
			□Renюve
			□Change
			□Add
			□Remove
			⊡Change

			<u> </u>
	······································	202	
			— <u>.</u>
			—[:]
		SE ST SI	
		TATE FL)
			
ffective date, if other than the an effective date is listed, the date must be at the date inserted in this bocument's effective date on the E	date of filing: at be specific and cannot be prior to date of filing ock does not meet the applicable statutory epartment of State's records.	(optional) g or more than 90 days after filing.) Pursuant to r filing requirements, this date will not be	605,0207 listed as
record specifies a delayed effective is filed.	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day	after the
ated May 09	2023		
	Signature of a member or authorized represent		