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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARO MANGET RY LALC Name of Limited Liability Company
The enclosed Articles of Amendment and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAROT WARAFFRY Name of Person
CAROLMahattay LLC Firm/Company
88 Arabian Way
City/Stiffe and Zip Cody City/Stiffe and Zip Cody E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CAROL Wahaffey at 302) 519-9698 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\text{S25.00 Filing Fee}} \sum{\text{S30.00 Filing Fee}} \text{\text{S55.00 Filing Fee}} \text{\text{Certified Copy}} \text{Certified Copy} \text{cadditional copy is enclosed} \text{Certified Copy} \text{cadditional 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

The Articles of Organization for this Limited Liability Company were filed on 12-9-2022 and assigned Florida document number L 220051 546. 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

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.

City

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
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'an effect <u>lote:</u> If	e date, if other than the date of filing:
record : Lis filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th l.
ated <u></u>	December 20. 2022.
	Signature of a member or analysis of a member
	Typed or printed name of signee