

L22000530994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

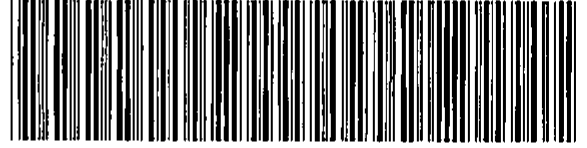
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/22/24--01016--020 \*\*25.00

FILED  
24 APR 22 PM 6:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARBONQMF LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL A ROMAN, III

\_\_\_\_\_  
Name of Person

CARBONQMF LLC

\_\_\_\_\_  
Firm/Company

97612 PIRATES POINT RD

\_\_\_\_\_  
Address

YULEE FL 32097

\_\_\_\_\_  
City/State and Zip Code

RROMANTASKFORCE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL A ROMAN, III

904

339-5107

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 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

TO  
**ARTICLES OF ORGANIZATION**  
OF

CARBONQMF 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 12/20/2022 and assigned  
Florida document number L22000530994.

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)

FILED  
24 APR 22 PM 6:44  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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** \_\_\_\_\_  
City Zip Code

**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 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 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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAFAEL A ROMAN, III	97612 PIRATES POINT RD	<input type="checkbox"/> Add
		YULEE FL 32097	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CHANGING THE NAME LISTED ON SUBIZ TO MATCH MY DRIVER'S LICENSE FOR

BANKING PURPOSES

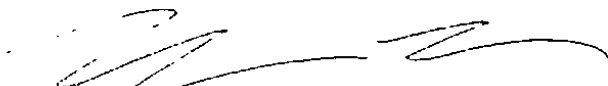
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective 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*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated APRIL 17, 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

RAFAEL A ROMAN, III

\_\_\_\_\_  
Typed or printed name of signer

**COMMUNITY  
FIRST**  
Credit Union

99 0001201119

P.O. BOX 2600  
JACKSONVILLE, FL 32232  
904.354.8537  
800.342.8416

DATE

04/17/24

AMOUNT

\$25.00

263-789  
2630

PAY \*\* TWENTY FIVE DOLLARS AND 00 CENTS \*\*

**CASHIER'S CHECK**  
VOID AFTER 90 DAYS FROM DATETO THE  
ORDER  
OF

FLORIDA DEPT OF STATE

RE-L22000530994  
CARBONQMF, LLC  
Authorized Signature

⑈0001201119⑈ ⑆263078934⑆ 000070000088⑈