L23000062671

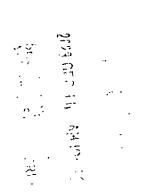
(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)	<u></u>
] WAIT	MAIL
(Busine	ss Entity Name)	·
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

Office Use Only



800419500908

12/14/23--01016--019 **25.00



COVER LETTER

TO: Registration Set Division of Con			•
Carleen Mi			
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Carleen Murone		
	Name of Person		
		Firm/Company	
	1911 SW 2nd ST		
	•	Address	
	Cape Coral, FL 33991		
	·	City/State and Zip Code	
	carleenmurone@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Carleen Murone		239 223-9454 at ()	
Name o	d Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carleen Murone LLC			
(Name of the Limi	(A Florida Limited	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on 2/2/23			and assigned
Florida document number 1.23000062671	<u>. </u>		
his amendment is submitted to amend the fol	lowing:		
L. If amending name, enter the new name of	of the limited liab	ility company here:	
Carleen Marie Murone LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1911 SW 2nd ST	
(Principal office address MUST BE A STREET ADDRESS)		Cape Coral, FL 33991	
			
Enter new mailing address, if applicable:		Same	
Mailing address MAY BE A POST OFFICE	EBOX)	·	
			297
			- T1
B. If amending the registered agent and/or	registered office	address on our records, <u>ent</u>	•
gent and/or the new registered office addr			70 T
			15 4 541
Name of New Registered Agent:	n/a		.X
	n/a		
New Registered Office Address:		Enter Florida street add	
			F1
			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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	n/a	n/a	□Add
			□ Remove
			□Add
			Remove
		□Change	
			□ Add
		□Remove	
			□ Change
			□Add
	 	□Remove	
			_Add
		Remove	
			Change
			□Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) n/a 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 ____ Careen Murone Typed or printed name of signee

Filing Fee: \$25.00