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(尺€	equestor's Name)	
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S. FROM (L.N.)

COVER LETTER

TO: Registration Se Division of Cor				
	SWAY LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Carla I Ancelmo			
		Name of Person		
	KARLITASWAY LLC			
		Firm/Company		
	6126 Grey Heron Dr			
	<u> </u>	Address		
	Winter Haven FL 33881			
		City/State and Zip Code		
	carla_ancelmo@yahoo.com			
	E-mail address: (to be used for future annual report n	otification)	
For further information e	concerning this matter, please c	all:		
Carla i Ancelmo		863 245-6548 at ()		
Name o	of Person	Area Code Days	time Telephone Number	
Enclosed is a check for t	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 Addre		Street Address: Registration		
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.O. Box 632	27		f Tallahassee	
Tallahassee,	FL 32314	2415 N. Mor	roc Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARLITASWAY LLC		_
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our record la Limited Liability Company)	15.)
The Articles of Organization for this Limited Liability (Florida document number 1.23000145737	Company were filed on <u>03/22/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	~3
The new name must be distinguishable and contain the words "Liu	mited Liability Company," the designation "LLC	" or the abbreviation JL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6: 21
B. If amending the registered agent and/or register agent and/or the new registered office address here:		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	AN CAN
	. F	lorida
	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 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>	Name	Address	Type of Action
AP	Jesus A Jaimes	6126 GREY HERON DR	□Add
		Winter Haven FL 33881	■Remove
		6126 GREY HERON DR	Change
Manager Carla I Ancelmo	Carla I Ancelmo	WINTER HAVEN, FL 33881	≘ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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			Change
			DAdd
			□Remove
			□ Chappe

12 12 cc	
Note	ctive date, if other than the date of filing:
f the receeverord is	ord 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 filed.
Date	d June 13 . 2023.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00



May 30, 2023

CARLA I ANCELMO 6126 GREY HERON DR WINTER HAVEN, FL 33881 US

SUBJECT: KARLITASWAY LLC Ref. Number: L23000145737

We have received your document for KARLITASWAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 823A00012286

RECEIVED
JUN 1 6 2023