L23000259757

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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01/10/24--01019--006 **25.00

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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Carter Constr	TUC+100 OF Central FL UC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Kimbern	1 Carter Name of Person
Carter Cor	Struction Df Central Fillic
451es Fo	urway baxs dr A
	FL 3384co City/State and Zip Code
Dnsite 30 E-mail addr	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	
Michael Carter Name of Person	at (SGS) 709. GO 29 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	- - •
X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Statu	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Lial	bility Company were filed on $\int \alpha_0 \mathcal{J}$, 202	4 and assigned
Florida document number L2300625	59757	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the war	ds "Limited Liability Company," the designation "LLC" or the al	
		obreviation "L.L.C.
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
	-	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	OV1	
Same Same Control of the Beat Off Office Be	<u></u>	
		
 If amending the registered agent and/or reg 	istered office address on our records, enter the nam	e of the new-register
gent and/or the new registered office address l	here:	-
		· 💺
N1 0N1 1N 1		-
Name of New Registered Agent:		-
New Registered Office Address:		<u>:</u>
The second of th	Enter Florida street address	
		`
	Florida	<u> </u>
	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 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
resident	- Michael Carter	4565 Fairway Daks ar	_000
		Mulberry Fl 33900	Remove
		•	_ \Change
VP	Michael Carter	4565 Fairway baxsde	_ 🗆 Add
		Mulberry FL 33860	_ (PRemove
			_ □Change
·			_ 🗆 Add
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fan effective date is li <u>Note:</u> If the date in	other than the date of fil isted, the date must be specific isserted in this block does no be date on the Department of	and cannot be prior to date of meet the applicable st	of filing or more than 90 da		
d is filed.	delayed effective date, but				after the
Dated Ja	n 7 unbuy nberly Ca	2024			
K	umbuy Signature of	f a member or authorized re	presentative of a member		_