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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

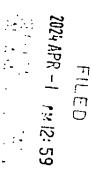
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COVER LETTER

TO: Registration Section Division of Corporations .
SUBJECT: Palm Coast Estate Liquidation & Real Estate Sales by Carol 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:
Carol Gray Name of Person
Firm/Company
38 Cottonwood Ct
Palm Coast Fl. 32137 City/State and Zip Code
City/State and Zip Code Carol RELady Ognail (On E-mail address: (to be used for future about report notification)
For further information concerning this matter, please call:
Carol Grau at (631), 875-2596 Name of Person at (631) Baytime Telephone Number
Englosed is a check for the following amount: \$25.00 Filing Fee \$25.00 Filing Fee \$255.00 Filing Fee \$255.0
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

Palm Coast Estate liquidation (Name of the Limited Liability Comp (A Florida Limited	Real Estate Sales pany as it now appears on our reco l Ciability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000313304</u>	y were filed on June 29-	th 2023 and assigned,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Palm Coast Estate liquidation & The new name must be distinguishable and contail the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Estate sales be	1 0. 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		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 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
		-	□Add
			□Remove
			□Change
			□Add
			Change
			□Remove
			□Change
			□Remove
			□Change
			
			🗆 Remove
			□ Change
			🗆 Add
			□Remove
			□ Change

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Caro Grau Typed or printed name of signee

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