L23000401237



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: <u>Carre</u>	Holdings	S LLC	
	value or Linke	ed Elability Company	
The enclosed Articles of Amen	dment and fee(s) are subn	nitted for filing.	
Please return all correspondence	e concerning this matter to	o the following:	
_	Lerrie T). Carre Name of Person	
_	Carre Ho	Firm/Company	
_	1691 Merc	ers fernery Address	Rcl.
_	Deland F	City/State and Zip Code	
_	Into @ Ca	CCEDCODECTIES o be used for further annual report no	. Com
For further information concern	ning this matter, please ca	11:	
Herrie D.	Carre	at (386) 385 Area Code Dayti	-4485
Name of Perso	n	Area Code Dayti	me Telephone Number
Enclosed is a check for the foll	owing 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

(a) __(·)

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

Brown Care

(Name of the Limited Liability Co	ompany as it now appears on	our records.)	
(A Florida Ellis	med chaomity Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on		and assigned
lorida document number <u>L2300040123</u> 7			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	liability company here:		
Carre Properties LLC			
The new name must be distinguishable and contain the words "Limited"	Liability Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	/	
		ĦŽ.	024
			00:
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		SS	
Taking unaress MAT BEAT OUT OF THEE BOAY		m -	
		- 07 - 17 A	
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our recor	ds, enter the nam	e of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	treet address	
		7	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	ent:		·
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent eing filed to merely reflect a change in the registered of ompany has been notified in writing of this change.	plete performance of my a t as provided for in Chap	duties, and I am f oter 605, F.S. Or,	amiliar with and if this document is
īr	Changing Registered Agent,	Signature of New Rep	gistered 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>	Name	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change
		/	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
/			□Change
			□Add
			□Remove
			Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effe Note: I	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated _	September 30, 2024. Henric D Carel Signature of a member or authorized representative of a member Registered Agent Typed or printed name of signee
	Registered Agent

Filing Fee: \$25.00