L24000119207

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

CARSTER	PREMIUM LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	•	
	RHONY JEAN		
		Name of Person	
		Firm/Company	
	2836 SW 4TH ST		
		Address	
	FORT LAUDERDALE FL	33312	
	Carsterpremiumlle@gmail.c	City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	o be used for future annual report notif	ication)
For further information e	oncerning this matter, please co	dl:	
Rhony Jean		954 7165575	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 radditional copy is enclosed
Mailing Address	<u>8:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

CARSTER PREMIUM LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000119207}{}$.	were filed on March 8, 2024 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
NCEPTOR LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3545 DAVIE BLVD			
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33312			
Enter new mailing address, if applicable:	2836 SW 4TH ST			
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33312			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida			
	City - Zip Cyds			

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.

New Registered Agent's Signature, if changing 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	

Title	<u>Name</u>	Address	Type of Action
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E. Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	this block does	not meet the app	dicable statutor	ng or more than 90 y filing requirem	(optional) days after filing.) Purs ents, this date will	atant to 605,0207 (3 not be listed as th
f the record specifies a delayed e ecord is filed.	ffective date, bu	t not an effectiv	e time, at 12:01	a.m. on the earl	er of; (b) The 90t	h day after the
Dated June 25		2024	·			
	/					
<i>y</i>	Sunt.	1		ntative of a membe		

Filing Fee: \$25.00

Typed or printed name of signee