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COVER LETTER

TO: Registratie Division of	on Section Corporations		
PEEPI	NG WILLIE REALCO LLC		
SUBJECT:		ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	<u>BEN</u>	CARTER Name of Person	
		Firm/Company	
	<u>8</u> L	EITCH AVE	
	SKANEATE	City/State and Zip Code BEN A VEN 12 00, 10 to be used for future annual report note	13157
	CARTER. E-mail address: (BEN & VENIZON, is to be used for future annual report noti	relation)
For further information	tion concerning this matter, please c		
BEN	CANTEL	at (315) 246 Area Code Daytin	-0536
	ame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
! X \$25.00 Filing F	ec 🔲 \$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)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



PEEPING WILLIE REALCOILLC

(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 Liability Company	were filed on 05/09/24 and assigned
Florida document number L24000218690	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
CARTERS REALCO	LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6518 D'AKLAND HILLS DRIVE
(Principal office address MUST BE A STREET ADDRESS)	1 ALOWOOD RANCH
Timeput office uturess 51001 bit A 511(121 Aropitis)	FLORIDA 34202
	8 LEITCH AVE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SKANEATELES 12152
	NEW 48.96 1317 K
B. If amending the registered agent and/or registered office :	addrage on our records anter the name of the new registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	duress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Salt 7 (Old Williams)
	, Florida
	City Zıp 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>	<u>Name</u>	Δ	<u>Address</u>			Type of Action
MGR	Ms.	ELIZABETH CANTON	_8	LEITCH	AVE	% Add
			SICA	NEATEL	ES, NY	□Remove
		_	/	3152		□Change
MER	MR.	BENNETT CANTER	8	LE170	H AVE	Xdd
		-	SK	ANEATE	UES IN'	/ □Remove
		-		1315	2	□Change
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f an effective da <u>Note:</u> If the di	te is listed, the dat ate inserted in th	n the date of fi te must be specific his block does n the Department	r and cannot be poor	plicable statute	ing or more than S rry filing require	(optional 0 days after filin ements, this dat) g.) Pursuant to 605.0 e will not be listed	1207 - Las I
e record specified is filed.	ies a delayed efl	fective date, but	not an effectiv	ve time, at 12:0	l a.m. on the ea	rlier of: (b) T	he 90th day after t	the
Dated	·/3/ /5/	n. At (20:	24				
	110		1 /1 -					
_		Signature o			entative of a men	ber		

Filing Fee: \$25.00