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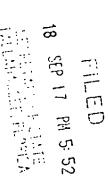
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## **COVER LETTER**

Division of Corporations
SUBJECT: GROPP'S CARPET SERVICE 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:
DAVID M GROPP  Name of Person  GROPP'S CARPET SERVICE LLC
Firm/Company
11609 150TH CT. N. Address
TUPITER, FL 33478  City/State and Zip Code  gropps carpet @ i <loud.com (to="" address:="" annual="" be="" e-mail="" for="" future="" notification)<="" report="" td="" used=""></loud.com>
For further information concerning this matter, please call:
DAVID GROPP  at (561) 385-9415  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsim \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigsim \text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

TO:

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROPPS CARPET S		
( <u>Name of the Limited Liai</u> (A Flo	bility Company as it now appears on our i rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>LO40000709</u> This amendment is submitted to amend the following	<u></u>	$\frac{2}{\sqrt{2004}}$ and assigned
A. If amending name, enter the new name of the li		
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation	_
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	SEP 17
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PH 5: 58
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our red ddress here:	cords, enter the name of the nev
Name of New Registered Agent:		<u>, , , , , , , , , , , , , , , , , , , </u>
New Registered Office Address:		
	Enter Florida street a	address
		Florida
	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
AMBR_	JOSE DAVID ESPINALES	S MAJOJO	XAdd
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		2672 S.W. MERRICK S Port Saint Lucie, FL 3495	53 □ Change
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