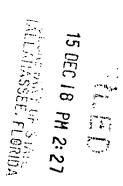
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PICK-UP	☐ WAIT	MAIL
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(De	ocument Number)	
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COVER LETTER

SUBJECT: J.C. Sheets + loorcovering, 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:
J.C. Sheets Name of Person
J.C. Sheets Floorcovering LC.
6395 Frank Reeder Rd. Address
Pensacola, FL. 32524 City/State and Zip Code 1esliesheets 3 0 amail. Com E-mail address: (to be used for future almual report notification)
For further information concerning this matter, please call:
T.C. Sheets at (850) 200. 4934 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations

TO:

MAILING ADDRESS: 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

J.C. Shee	ts Floorcovering LLC.		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our resords.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabil Florida document number LOHDO0831	• • •	and assigned	ď
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the Platinum Ren The new name must be distinguishable and contain the words	e limited liability company here: OVATIONS LLC "Limited Liability Company," the designation "LLC" or the abbrevi	iation "L.L.C."	,
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the address here:	s of 18	he new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	7 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
New Registered Office Address:	Enter Florida street address	2: 27	
_	, 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

MGR = M AMBR = A	lanager .uthorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
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(II an e	effective date, if other than the date of filing: 100 1 2010 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fig. If the date inserted in this block does not meet the applicable statutory filing requirements, this date we ment's effective date on the Department of State's records.	ursuant to 6	505.0207 isted as	7 (3)(b the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or see 90th day after the record is filed.	n the ea	rlier of	f:
	o soci day dicer the record is med.			
Date	Dec. 15 (2015)			
Date				

Page 3 of 3

Filing Fee: \$25.00