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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
	CARPET RESCUE & CLEAN		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
	1		
The analogy of Antiples of	     Amendment and fee(s) are sub	mittad for filing	
	·	_	
Please return all corresp	ondence concerning this matter	to the following:	
	Stephen Lawson		
		Name of Person	
	FLORIDA CARPET RES	CUE & CLEANING SERVICES, I	LLC
		Firm/Company	
	10485 Grove Lane		
		Address	
	Cooper City, Florida 3332	8	
		City/State and Zip Code	
		Chyrotate and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Stephen Lawson		954 325-8459	
Name	of Person	at () Area Code Davtim	e Telephone Number
Train.	0114.3011		
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
MAII	  -   LING ADDRESS:	STREET/COURI	ER ADDRESS:
Regis	tration Section	Registration Section	
	on of Corporations Box 6327	Division of Corpor Clifton Building	rations
	assec, FL 32314	2661 Executive Co Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2019 APR -8 PM 3: 40

## FLORIDA CARPET RESCUE & CLEANING SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/06/2005}{2}$ \_\_\_\_ and assigned Florida document number L05000033858 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Name	Address	Type of Action
AMBR	Stephen P. Lawson	10485 Grove Lane Cooper City, Florida 33328	
			☐ Remove
			_ ■ Change
MBR Robert Lawson	Robert Lawson	10485 Grove Lane Cooper City, Florida 33328	Add
		□ Remove	
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
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	i.		Remove
			Change

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titect fan ef	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
e re The	specifies $\frac{1}{4}$ delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a day after the record is filed.
Dated	4 2019
Jated	+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00