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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TAIL ANASSEE, FLORIDA

S Warren MAY 1 9 2017

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Batts Carpet Cleaning Services, 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: |
| James Batts Name of Person |
| Batts Carpet Cleaning Services, LLC Firm/Company |
| 11600 Oaklawn Rd. Address |
| Jacksonville FL 37218 City/State and Zip Code |
| Batts - deanna@ yahoo. 10 m E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| James Batts at (904) 509.9578 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ Certified Copy (additional copy is enclosed) |

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

| Batts Carpet Cleanin | a Services, LLC | | |
|---|--|---|--|
| Batts Carpet Cleanin (Name of the Limited Liability Compa (A Florida Limited I | ns as it now appears on our records.) Liability Company) | · · · · | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 0700050179</u> . | were filed on 5/11/07 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| • | 110, | | |
| A. If amending name, enter the new name of the limited liab | | | |
| Batts Carpet & Water Restorati 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: | 11600 Oaklawn K | 2d | |
| (Principal office address MUST BE A STREET ADDRESS) | Jacksonville, FC. | 30018 | |
| | | | |
| Enter new mailing address, if applicable: | same as above | L | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | <u>e</u> : | the name of the new | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | Zip Code | |
| N. D. L. | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peeing filed to merely reflect a change in the registered office | performance of my duties, and I am provided for in Chapter 605, F.S. Or | familiar with and r, if this document is | |
| company has been notified in writing of this change. | and out, i hereby confirm mut me m | EX 3 | |
| | . I o | E T | |
| If Chan | ging Registered Agent, <u>Signature of New R</u> | legistered Asent | |
| | | mg 3 0 | |
| Page 1 | l of 3 | FS: 5 | |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------------------------------|-------------|-------------|----------------|
| | N/A | | |
| | | | □ Remove |
| | | | ☐ Change |
| _ | N/A | | |
| | | | □ Remove |
| | | | |
| | NA | | |
| | | Remove | |
| | | | ☐ Change |
| N/A | N/A | | □ Add |
| | | | □ Remove |
| | | | □ Change |
| · · · · · · · · · · · · · · · · · · · | N/A | | |
| | NIA | | HAY OF STARTER |
| | | | Change |

| | N/A. | | |
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| Note: docur | ive date, if other than the date of filing: | ate will not be liste | ed as the |
| | May 15 2017 | | |
| Dota - | | | |
| Dated | May 15, 2017. | Ăy; → | . |
| Dated | hOC - | SECRE TALLLA | |
| Dated | Signature of a member or authorized representative of a member | SECRETAR TALLAHASS | <u> </u> |
| Dated | Signature of a member or authorized representative of a member | SECHETARY OF TALLAHASSEE. | FILE |
| Dated | Signature of a member or authorized representative of a member | SECRETARY OF STATE TALL AHASSEE, FLORID | TT3 |

Filing Fee: \$25.00