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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLORIDA CARPET, PAD NECYCLING, 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:	
THOMAS GOEBEL Name of Person	
FinwCompany	
P.O. BOX 26034	
TAMPR FL 33623 City/State and Zip Code	
E-mail address: (to be used for futury annual report notification)	
For further information concerning this matter, please call:	
THOMAS LOEBEL at (1711) 458 4524 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 \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

FLORIDA CARDAT ! DAD De. (Name of the Limited Liability Compar (A Florida Limited L	ny 4s il now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>40900065419</u> .	were filed on $09/09/09$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
LEBEOG FLIGHT SEQUICE The new name must be distinguishable and contain the words "Limited Liability or the second of the second	ty Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	200 MAIN ST # 303 DUNEDIN FL 34698
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 26034 TAMPA PC 33623
B. If amending the registered agent and/or registered office address here	
Name of New Registered Agent:	1 62
New Registered Office Address: 200	MAIN ST #303 5. Enter Florida street address
TAM	OA , Florida 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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the effective date is listed, the date mus	date of filing:		
effective date is listed, the date mus e: If the date inserted in this bl	st be specific and cannot be prior to ock does not meet the applica	o date of tiling or more than 90 ble statutory filing requiren	days after filing.) Pursuant to 605 sents, this date will not be list
ument's effective date on the D			
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ecord specifies a delayed		an effective time, at	12:01 a.m. on the earli
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·	Signature of a member or author	pized representative of a memb	er
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Filing Fee: \$25.00