

L10000013621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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01/24/14--01021--011 **30.00

EFFECTIVE DATE 02-01-14

2014 JAN 24 PM 11:46
TALLAHASSEE, FL 32307

B. POSTICK

JAN 29 2014

OWNER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Cumming Trading Carpets**
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:

Roger Cumming

Name of Person

Cumming Trading Carpets

Firm/Company

1142 Laura Street

Address

Casselberry, FL32707

City/State and Zip Code

mcum859213@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger Cumming

Name of Person

at **407**

Area Code

310-6974Cumming Trading Carpets

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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)

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

TALLAHASSEE, FL 32301

2014 JAN 24 PM 11:46

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cumming Trading Carpets LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02-05-2010 and assigned
Florida document number L10000013621

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1142 Laura Street,
Casselberry,
FL32707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1142 Laura Street,
Casselberry,
FL32707

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:

Roger Cumming

New Registered Office Address:

1142 Laura Street

Enter Florida street address

Casselberry

City

Florida 32707

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Jason Cumming	490 North Street, Unit 124	<input type="checkbox"/> Add
		Longwood, FL 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

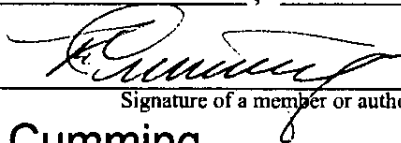
2014 JAN 21 PM 11:46
TALMADGE STREET

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: FEB. 1, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 20, (2014) 2014



Signature of a member or authorized representative of a member

Roger Cumming

Typed or printed name of signee