4/0000005303

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						

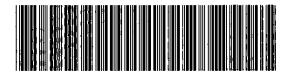
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A. LUNT

OCT 26 2010

EXAMINER

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COVER LETTER

	istration Section ision of Corporations
SUBJECT:	The Carpet Wizards, 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:
	Cristobal Dangelo Name of Person
	Firm/Company
	16328 Cagan Crossings blud AP+ #106
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification) E-mail matter, please call:
For further i	nformation concerning this matter, please call:
\mathcal{C}	Name of Person at (407, 780 6834 56 34 56
	Name of Person Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
 \$25.00 F	iling Fee \$\ \text{S50.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)} \end{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

(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 Florida document number L 10000065303 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) 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: Hernam A Rodriguez

256 Ovien Shire Circle

Enter Florida street address

Kissimmee , Florida 34744

City Zip Code Name of New Registered Agent: New Registered Office 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 608, 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.

Hernov L. Kodigue .

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>		Address	Type of Action		
MGR	Cristol	nal A Dinnge	orlando FL 34746	Add. Hemove		
<u>MGR</u>	Graciel	a V Sanchez	4702 Giffodblyd orlando FL 32821	Add Remove		
MGR	Hernan	A Rodriquez	256 owen shire Circle Kissimmee FL 34744	Add Remove		
				Add Remove		
				_∏Add _∏Remove _		
				Add Remove		
D. If amen	ding any other info	rmation, enter change(s	s) here: (Attach additional sheets, if necessary.)	-		
				-		
				- 		
	(2670	/ 1 7 ,	r authorized representative of a member			
		<u>Cristoba</u> Typed or	printed name of signee			

Page 2 of 2

Filing Fee: \$25.00