

L10000106649



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07/01/11--01009--004 \*\*25.00

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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11 JUL - 1 PM 1:49

T. HAMPTON  
JUL - 6 2011  
EXAMINED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Carpet Pro's 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:

Scott Maurer  
Name of Person  
Callahan and Maurer, PA  
Firm/Company  
13191 Starkey Road, Suite 9  
Address  
Largo, FL 33773  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Maurer at ( 727 ) 450-8672  
Name of Person Area Code & 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

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

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DIVISION OF CORPORATIONS

11 JUL -1 PM 1:50

Carpet Pro's, 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 9/27/2010 and assigned Florida document number L10000100649.

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:

11314 Seminole Blvd.

**(Principal office address MUST BE A STREET ADDRESS)**

Largo, FL 33778

Enter new mailing address, if applicable:

11314 Seminole Blvd.

**(Mailing address MAY BE A POST OFFICE BOX)**

Largo, FL 33778

**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:

Michael Merryweather

New Registered Office Address:

11314 Seminole Blvd.

*Enter Florida street address*

Largo

Florida

33778

*City*

*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 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.*

  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Iris Merryweather	433 1st Avenue NE Largo, FL 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael Merryweather	11314 Seminole Blvd. Largo, FL 33778	<input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 6/29/11, \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MIKE MERRYWEATHER  
\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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