

L10000101722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2011 JUL 19 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2011

JOHN LEPAK 2ND MAILING
COMPETIZIONE RACING SIMULATION LLC
1683 BEARDALL AVE. SUITE 101
SANFORD, FL 32771

SUBJECT: COMPETIZIONE RACING SIMULATION LLC
Ref. Number: L10000101722

We have received your document for COMPETIZIONE RACING SIMULATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00013412

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Competizione Racing Simulation 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:

John Lepas
Name of Person

Competizione Racing Simulation LLC.
Firm/Company

300 Greedy St.
Address

Orlando FL 32804
City/State and Zip Code

JohnPLepas@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Lepas at 407, 729-2126
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

FILED

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Competizione Racing Simulation LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/21/10 and assigned
Florida document number 410000101722.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pura Seal Carpet Care LLC

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)

1683 Beardall Ave
Sanford FL 32771
Suite 101

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1683 Beardall Ave
Sanford FL 32771
Suite 101

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:

New Registered Office Address:

Enter Florida street address

, Florida

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>
_____	_____	_____	<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

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

Dated _____, _____

L10000101722

X

[Signature]

Signature of a member or authorized representative of a member

X

John Lepas

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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