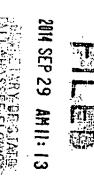
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(Red	questor's Name)	<u>, , , ,</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

TO:,	Registration So Division of Co		ъ.			
SUBJE		CH CEILING CONCEPT				
30 B 312	CI	Name of Lim	ited Liability Company	- ·		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		YURY CHAKUR		٠		
			Name of Person			
		STRETCH CEILING	CONCEPT			
			Firm/Company		2	~
		6955 HUNTINGTON	WOODS CIR W		4 SEP	6
			Address		29	
		JACKSONVILLE, F	L 32244		AM III:	
		ceilingstretchers@ya	City/State and Zip Code		H: 13	W.
		E-mail address: (to be used for future annual report noti	fication)	• • ′	
For furt	her information of	concerning this matter, please c	all:			
YURY	Y CHAKUR		904 955-9512	2		
-	Name o	of Person	at () Area Code Daytim	e Telephone Number		
Enclose	ed is a check for t	he following amount:				
₽ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
		JING ADDRESS:	STREET/COUR			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

STRETCH CEILING CONCEPT LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRE.</u>	<u>SS)</u>	,
		₩ 23 23
		1 SEP
nter new mailing address, if applicable:		TO contrain
Mailing address MAY BE A POST OFFICE BOX)	-	9
* * *		
3. If amending the registered agent and/or register	red office address on our records, <u>e</u>	nter the name of the n
egistered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
Tww Registered Office Address.	Enter Florida street address	
	, Florid	a
	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 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Type of Action** <u>Address</u> MGR **ROY WARE** 6955 HUNTINGTON WOODS CIR W □ Add JACKSONVILLE, FL 32244 **■** Remove MGR **RUDOLPH PARKE** 5579 WESTLAND STATION RD **■** Add JACKSONVILLE, FL 32244 ☐ Remove _□ Add _□ Remove □ Add ☐ Remove □ Add ☐ Remove

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effective date must be specific, canr	not be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
effective date must be specific, can date this document is filed by the Fl	not be prior to date of receipt or filed date and lorida Department of State)	
effective date must be specific, can date this document is filed by the Fl	not be prior to date of receipt or filed date and lorida Department of State)	
fective date, if other than the effective date must be specific, can be date this document is filed by the Flated September	not be prior to date of receipt or filed date and lorida Department of State)	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

