

L11000093438

(Requestor's Name)

(Address)

(Address)

L11-93438

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

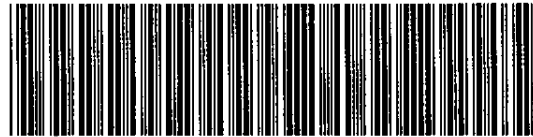
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Culligan NOV - 2 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SARASOTA RUG GALLERY 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:

ABDOLMAJID DERAKHSHANI

Name of Person

SARASOTA RUG GALLERY

Firm/Company

7762 N HOLIDAY DR

Address

SARASOTA FL 34231

City/State and Zip Code

ariyan1008@yahoo.com

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

For further information concerning this matter, please call:

ATEFEH MORTAZAVI

Name of Person

at (**941**)

244-0895

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2012

ABDOLMAJID DERAKHSHANI
7762 N HOLIDAY DRIVE
SARASOTA, FL 34321

SUBJECT: SARASOTA RUG GALLERY,LLC
Ref. Number: L11000093438

We have received your document for SARASOTA RUG GALLERY,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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return 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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 112A00026777

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

FILED

12 NOV 19 AM 11:22

SARASOTA RUG GALLERY, 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 9/15/2011 and assigned
Florida document number L11000093438

This amendment is submitted to amend the following:

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

RUG HOUSE 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:

846 S. TAMiami TRAIL

(Principal office address MUST BE A STREET ADDRESS)

OSPREY FL 34229

Enter new mailing address, if applicable:

846 S. TAMiami TRAIL

(Mailing address MAY BE A POST OFFICE BOX)

OSPREY FL 34229

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 10-29-12

Atefeh Mortazavi

Signature of a member or authorized representative of a member

Atefeh Mortazavi

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA