

L12000001472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. Warren

MAY 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FABULOUS FLOORING AND BATH, 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:

KEVIN R KIPLE

Name of Person

Firm/Company

214 SCOOTER DRIVE

Address

PCB, FL 32408

City/State and Zip Code

Friendlycheckcashingteam@gmail.com

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

For further information concerning this matter, please call:

KEVIN KIPLE

850 441-6189
at ()

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**

FABULOUS FLOORING AND BATH, 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 01/04/2012 and assigned
Florida document number L12000001472.

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 contain 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:

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 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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RYAN AUSTIN RADNEY	6903 N LAGOON APT 20	<input checked="" type="checkbox"/> Add
		PCB, FL 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERIK UNDERKOFFLER	214 SCOOTER DR	<input type="checkbox"/> Add
		PCB, FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CEDRIC CALLOWAY	1306 FARRY AVE	<input type="checkbox"/> Add
		PC, FL 32401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA
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 Add
 Remove
 Change
 Add

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

ADD- RYAN AUSTIN RADNEY

REMOVE- ERIK UNDERKOFFLER AND CEDRIC CALLOWAY

E. Effective date, if other than the date of filing: 05/15/2017 **(optional)**

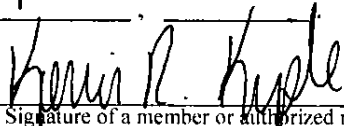
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

* Dated May 15, 2017



Signature of a member or authorized representative of a member

KEVIN R KIPLE

Typed or printed name of signee

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17 MAY 19 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA