

L12 000 146012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECURITY
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

JUAN PEREZ
8433 S US #1
PORT ST LUCIE, FL 34952

SUBJECT: ALL STAR CARPET & TILES OF THE TREASURE COAST LLC
Ref. Number: L12000146012

We have received your document for ALL STAR CARPET & TILES OF THE TREASURE COAST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00001213

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL STAR CARPET & TILES OF THE TREASURE COAST 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:

JUAN PEREZ

Name of Person

ALL STAR CARPET & TILES OF THE TREASURE COAST LLC

Firm/Company

8433 S. U.S. #1

Address

Port St. Lucie, FL 34952

City/State and Zip Code

JUAN6045@YAHOO.COM

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

For further information concerning this matter, please call:

JUAN PEREZ

Name of Person

at (772) 323-0188

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**

ALL STAR CARPET & TILES OF THE TREASURE COAST 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 11/19/2012 and assigned
Florida document number L12000146012.

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:

(Principal office address MUST BE A STREET ADDRESS)

8433 S. U.S. #1
Port St Lucie, FL 34952

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:

JUAN PEREZ.

New Registered Office Address:

8433 S. U.S. #1

Enter Florida street address

Port St. Lucie

Florida

34952

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.

(Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager
AMBR = Authorized Member

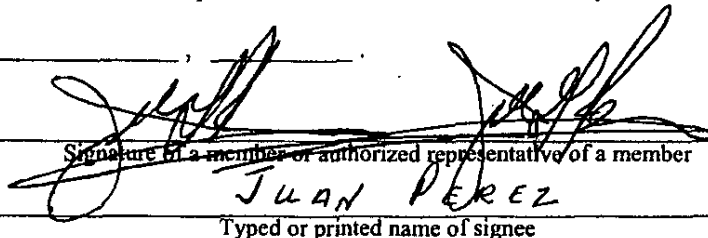
Title	Name	Address	Type of Action
MGR	LOURDES TAPANES	1624 S.E. GREEN ACRES CR	<input type="checkbox"/> Add
		Apt K-101	<input checked="" type="checkbox"/> Remove
		Port. St. Lucie, FL 34952	
MGR	JUAN PEREZ	8433 S.U.S.#1	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL	<input type="checkbox"/> Remove
		34952	
AMBR	OLGA PEREZ	8433 S.U.S.#1	<input checked="" type="checkbox"/> Add
		Port. St. Lucie, FL	<input type="checkbox"/> Remove
		34952	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated _____


Signature of a member or authorized representative of a member
JUAN PEREZ

Typed or printed name of signee

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Filing Fee: \$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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