L1300051782

| (Requestor's Name) |
|---|
| (10411511157 |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |



600253632546

11/12/13--01005--022 **35.00

2019 DEC -3 PM 2: 24

Office Use Only

1



November 18, 2013

REYNALDO GRINSTEIN ARMOR INS AGENCY 2631 JAMMES RD JACKSONVILLE, FL 32210

SUBJECT: LUXURY CARPET INSTALLERS, LLC

Ref. Number: L13000051782

We have received your document for LUXURY CARPET INSTALLERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jeraline Saulsberry Regulatory Specialist II

Letter Number: 713A0002661

COLUMN ...

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CODDO | RATION: LUXURY C | ARPET INSTAL | LERS,LLC | | | |
|--------------------------|---|--|--|--------------|------------|-----------|
| DOCUMENT NUM | 1.1200005179 | | | _ | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | | |
| | REYNALDO GRI | NSTEIN | | | | |
| | | Name of Contact Person | 1 | | | |
| | ARMOR INS AGI | ENCY | | | | |
| | | Firm/ Company | | | | |
| 2631 JAMMES RD | | | | | | |
| | | Address | | · · · · | | |
| JACKSONVILLE,FL 32210 | | | | | | |
| City/ State and Zip Code | | | | | | |
| ΔΙ | OPOCHO@AOL. | COM | | | | |
| 712 | | sed for future annual report | notification) | _ | | |
| | , | · | | | | |
| For further informatic | on concerning this matter, pleas | se call: | | | | |
| REYNALDO GRINSTEIN | | at 904 | , 779-2777 | | | |
| Name of Contact Person | | Area Co | ode & Daytime Telephone N | umber- | 55 | |
| Enclosed is a check fo | or the following amount made | payable to the Florida Depa | artment of State: | | 2019 DEC | (723489o) |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | TARY OF STAT | C-3 PH 2:2 | Section 1 |
| Mailing Address | | Street Address | | 17 | -1- | |
| | nendment Section vision of Corporations | Amendment Section Division of Corporations | | | | |
| P.O. Box 6327 | | Clifton Building | | | | |
| Tal | llabassee, FL 32314 | 2661 Executive Center Circle | | | | |
| | | Tallahassee, FL 32301 | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY CARPET INSTALLERS,LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (/ | A Florida Limited Ciability Company) | | | |
|---|--|---------------------------------------|-----------------------|---------------------|
| The Articles of Organization for this Limited L Florida document number L13000051782 | iability Company were filed on 08/06/2013 | | and assig | gned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liability company here: | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limited Liability Company," the de | signation "LLC" | or the ab | breviation |
| Enter new principal offices address, if appli | cable: | | | |
| (Principal office address MUST BE A STREE | | | | |
| | | • | | |
| | | | | |
| F 4 11 16 12 14 | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | <u></u> | | L. 22 | |
| | | | | (day) proc. |
| | | | -i (C) | Cititary |
| B. If amending the registered agent and registered agent and/or the new registered of | or registered office address on our record | as, <u>enter the</u> ੁਰ | iame of | ine»nev |
| registered agent and/or the new registered e | The did estimate. | رامي. تين | OF PR | |
| Name of Name Deviational Account. | GUADALUPE G AGUILLON-VEG | iA 9: | 3 | - |
| Name of New Registered Agent: | | 57 | | Vina-f |
| New Registered Office Address: | 8985 NORMANDY BLVD LOT 302 | | | |
| | Enter Florida street address | | | |
| | JACKSONVILLE | Florida 3222 | 1 | |
| | City | \overline{z} | ip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| | | | | |
| the provisions of all statutes relative to the accept the obligations of my position as reg | red agent and agree to act in this capacity. I proper and complete performance of my dut distered agent as provided for in Chapter 608 registered office address. I hereby confirm a s change. | ies, and I am fi 8, F.S. Or, if th | amiliar v is docun | with and nent is |
| | If Changing Registered Agent, Signatur | e of New Register | red Agent | |
| | V | | | |

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Ma MGRM = 1 | anager Managing Member | | |
|----------------------|---------------------------|--------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | |

| D. If amending any other info | rmation, enter change(s) here: (Attach additional sheets, if necessary. |) |
|-------------------------------|---|---|
| PLEASE ADI | D FEI/EIN # 46-3692524 | |
| | | |
| Dated NOV.05 | 2013 | |
| d | nfrilen | |
| | Signature of a member or authorized representative of a member | |
| GUADALUP | 'E G AGUILLON-VEGA | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

