

L13000057977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

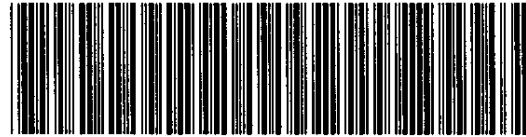
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 AUG 21 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 22 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2013

DAVID MOONAN  
1031 SAMMS AVENUE  
PORT ORANGE, FL 32129

SUBJECT: ALOHA CARPET DOCTORS LLC  
Ref. Number: L13000057977

We have received your document for ALOHA CARPET DOCTORS 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):

Please list the correct spelling of the name in the registered agent field and you must sign for the correction.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 713A0001860

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 AUG 21 PM 12:59

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2013

DAVID MOONAN  
1031 W SAMMS AVENUE  
PORT ORANGE, FL 32129

SUBJECT: ALOHA CARPET DOCTORS LLC  
Ref. Number: L13000057977

We have received your document for ALOHA CARPET DOCTORS 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):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 713A00015142

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 AUG 21 PM 1:00

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **ALOHA CARPET DOCTORS 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:

**DAVID MOONAN**

Name of Person

**ALOHA CARPET DOCTORS LLC**

Firm/Company

**1031 W SAMMS AVENUE**

Address

**PORT ORANGE FL 32129**

City/State and Zip Code

*didi-moonan@yahoo.com*

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

For further information concerning this matter, please call:

**GWEN SLATER CPA**

Name of Person

**386 767-3006**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**FILED**  
2013 AUG 21 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ALOHA CARPET DOCTORS 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 April 19, 2013 and assigned  
Florida document number L13000057977.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2013 AUG 21 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

David Noonan

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

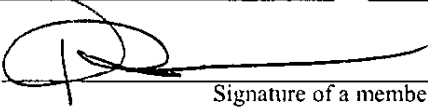
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 CLERK OF STATE  
 TALLAHASSEE FLORIDA

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

David Moonan's name was incorrectly spelled  
David Moonah. The correct spelling is  
David Moonan. Please make the correction  
on your records.

Dated July 29, 2013



Signature of a member or authorized representative of a member

David Moonan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 AUG 21 PM 1:00  
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