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| (Requestor's Name) | |
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| (Address) | |
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| , , | |
| (City/State/Zip/Phon | e #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Na | me) |
| (Sasiness Simi) | ···- , |
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| Certified Copies Certificate | s of Status |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | RECEIVED |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: <u>Creative Carpe</u> Name of Limited 1 | |
| | SECRETAL ANALOSEE, FL |
| The enclosed Articles of Amendment and fee(s) are submitted | ••• |
| Please return all correspondence concerning this matter to th | e following: |
| Bradley D. | To th Name of Person |
| Creative Ca | pets by Brad "L.L.C." |
| 409 Hyaci | nth St. Address |
| Port Charlo | He, F1. 33954 ity/State and Zip Code |
| rhondaharter E-mail address: (to be | used for future annual report notification) |
| For further information concerning this matter, please call: | |
| Bradley Toth Name of Person | at (248) 361-6540 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ability Company as It now appears on our records.)

Torida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2-27-2018 and assigned Florida document number <u>L13000152781</u>.

| This amendment is submitted to amend the following: | | 26.7 25.7 20.7 | HÜF | ٠. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------|-------------|--------------|
| A. If amending name, enter the new name of the limited liable Carpets and Rugs crafted. The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | by Brad, "L.L.C." | iation E.L.Q | -8 PH:5: 23 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 409 Hyacinth St. Port Charlotte, Fl. 3 | 395 | 4 | - |

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:

Port Charlotte, Florida 33954

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

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> | Name | Address | Type of Action |
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