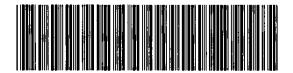


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AUG 20 2014 D. BRUCE

## **COVER LETTER**

TO: Registration Sec Division of Corp				
Bourd	o's Carpet & Tile Installation, LLC			
SUBJECT: Dould	Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.			
Please return all correspon	dence concerning this matter to the following:			
	Sharon R. Moon, EA			
	Name of Person			
	Sharon R. Moon, EA			
	Firm/Company			
	1210 Altman Dr			
	Address	1	2014	क्या ग्रह्म । जन्म
	Merritt Island, FI 32952		AUG	non Decimen
	City/State and Zip Code	1851 1851 1851	20	1
	eashouie@gmail.com  E-mail address: (to be used for future annual report notification)		H	,
For firsther information as		987	2:2	ર્ષું કાય્ <sub>ક</sub>
	ncerning this matter, please call:		Ç	
Sharon R. N	/loon, EA904			
Name of	Person Area Code Daytime Telephone Number			
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy Certificate	ing Fee, e of Status	: &	

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bourdo's Carpet & Tile Installation		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.  a Limited Liability Company)	•
The Articles of Organization for this Limited Liability (	Company were filed on July 7, 2014	and assigned
Florida document number <u>L14000107175</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Boudro's Carpet & Tile Installation, LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RFSS)	
Trincipal Office address MOST DE ASTREET ADD	**E55/	20
		garifful.
Enter new mailing address, if applicable:		2:2
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ade		enter the name of the nev
registered agent and/or the new registered office ad-	uress were.	
Name of New Registered Agent:		
Haine of New Registered Agent.		
New Registered Office Address:	5 . 6	
	Enter Florida street address	
	, Flo	
	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

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

MGR = Manager

<u> Citle</u>	Name	Address	Type of Action
			☐ Remove
			□ Add
			Remove
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			Remove
			□ Add
			Remove AUG 20 PM
			☐ Add S
<del></del> _			□ Add
			□ Remove

<ol> <li>If amending any other information, enter change(s) here: (Attach)</li> </ol>	additional sheets, if necessary.)
	<del></del>
. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Dated August 18 2014	
Shum Ellow El	
Signature of a member or authorized representation	entative of a member
Sharon R. Moon, EA	
Typed or printed name of si	onee

Page 3 of 3

Filing Fee: \$25.00

