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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chris's Floor Covering 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:

Christopher Ventaloro
Name of Person

Chris's Floor Covering LLC
Firm/Company

6826 Driftwood Dr
Address

Mudson, FL 34667
City/State and Zip Code

CVent1967@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Ventaloro at (352) 835-1590
Name of Person Area Code Daytime Telephone Number
(352) 277-2284

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**

Chris's Floor Covering 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 Feb 3, 2015 and assigned
Florida document number ~~2015000020785~~ L15000020785

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)

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:

Christopher Scott Ventaloro

New Registered Office Address:

6826 Driftwood Dr

Enter Florida street address

Hudson

City

Florida

Zip Code

34667

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.

Christopher Scott Ventaloro
If 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Christopher Scott Ventaloro	6826 Driftwood Dr Hudson, FL 34667	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Pres.	Chris Ventaloro	6826 Driftwood Dr Hudson, FL 34667	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Sec	Carl F Allen Jr	18122 Drayton St Springhill, FL 34610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Carl F. Allen Jr	18122 Drayton St Springhill FL 34610	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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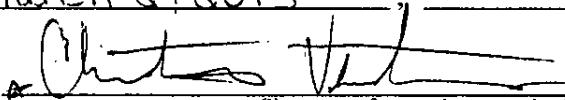
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- 1) Please add my EIN # to show on Sunbiz web site - EIN # 47-3077064
- 2) Under registered agent, and Auth. persons, please Change Chris Ventaloro to Christopher Scott Ventaloro, ~~the~~ name as it appear on ^{state} ID.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 2, 2015



Signature of a member or authorized representative of a member

Christopher Ventaloro

Typed or printed name of signee

- 3) Please, if possible, change the title for Christopher Scott Ventaloro to Manager instead of President

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Filing Fee: \$25.00

with ^{full} name Christopher Scott Ventaloro.

(not sure if I add this info on this page, or page 2, so I did both.

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