## L150000 41706

(Requestor's Name)				
(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:				

Office Use Only



900306981629

12/27/17--01006--007 \*\*30.00

## **COVER LETTER**

Division of Corp	oorations		
subject: <u>Вале</u> у	'S Floor Couping Name of Line	* Property Mainton ited Liability Company	anct Lic
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Isaiah Bailey	Name of Person	<u> </u>
		Firm/Company	
	8040 E Partr	Address	<del></del>
	Floral City, 1	FL 34436 City/State and Zip Code	
	Baileys internal solu E-mail address: (1	now 123 6 gmail. com	cation)
For further information co	ncerning this matter, please ca	all:	
Isciah Bailey Namelof	Person	at (352 ) 362 7.  Area Code Daytime	S&2 Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

Bailey's Floor Covering & Property Maintenance

(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Li	ability Company were filed on 03 / 06 / 20	15 and assigned
Florida document number <u>4150000417</u>		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
steeds Solu	otions LCC	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	BOX)	···
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, <u>e</u> Tice address here:	nter the name of the new
registered agent and/or the new registered or	nee audress here.	Eg.
Name of New Registered Agent:	Isaich Bailey	70
Name of New Registered Agent.	139,00	35 C S
New Registered Office Address:	Enter Florida street address	<u> </u>
	isher Frontaa sireet daaress	
	Florid	8 Tin Code
	Cui	Z - Medicine

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Name</u>	Address	Type of Action
AR	James Bailey	810 E Baybory in Floral city	Add
		FL 34436	<b>≝</b> Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			☐ Remove
			Change
			Add
			Remove
			Change
	<u></u>		□ Add
			Remove
		<del></del>	Change
			□ Remove
			Change
<del></del>			
		<del></del>	Remove
			□ Change

If amending any other information, enter change(s) here: (Attack	h additional sheets, if necessary.)
<u> </u>	
	***
	10.26 10.28
	7: C
	500
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of flote: If the date inserted in this block does not meet the applicable statut ocument's effective date on the Department of State's records.	iling or more than 90 days after filing.) Pursuant to 605.020
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
Signature of a member or authorized representation	
Signature of a member or authorized repri	esentative of a member
Isaiah Barky Typed of printed name of	

Page 3 of 3

Filing Fee: \$25.00