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COVER LETTER

Division of Corp	(TRAORDINAIRE, LLC	•			
SUBJECT:		d Liability Company			
The enclosed Articles of A	Amendment and fec(s) are subm	itted for filing.			
Please return all correspon	ndence concerning this matter to	the following:			
	JOHN K. CARTER				
		Name of Person			
	CARTER REYMANN LAY	W, P.A.			
		Firm/Company			
	9500 KOGER BLVD., ST	E 112			
		Address			
	St. Petersburg, FO 3370	2		2013	=+'7'
	john@crflalaw.com	City/State and Zip Code		2019 JAH - 2	ement ment
	E-mail address: (t	o be used for future annual report notifi	cation)		۱ ۱
For further information of	concerning this matter, please ca	dl:		PH 4: 3	•
John Carter		727 456-8970 at ()		<u>.</u> 3	
Name	of Person	Area Code Daytime	Telephone Number	·	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

LINENS EXTRAORDINAIRE, L						
(Name of the Lim	ited Liability Comp: (A Florida Limited	any as it now appears on o Liability Company)	ur records.)		-	
The Articles of Organization for this Limited I		were filed on July 24.	2015	and ;	issign	ed
Florida document number [1.15000127028]	 .					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	pility company here:				
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	tion "LLC" or the abl	oreviation '	"L.L.C	**
Enter new principal offices address, if appli	cable:	N/A				
Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:		N/A				
Mailing address MAY BE A POST OFFICE	E BOX)					
				•][
					ظت	
B. If amending the registered agent and	1/or registered o	office address on our	records, enter	the nam	Ç œ⊒ef	the ne
egistered agent and/or the new registered (:••	ı	ļ
					1/9	ब चन्द्रम् ५
Name of New Registered Agent:	John K. Carter				PH	
New Registered Office Address:	9500 Koger Bl			<u> </u>	<u></u>	·
_		Enter Florida sir	eet address			
	St. Petersburg		, Florida <u>337</u>	02		
		Cin		Zin Co	1.,	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	THOMAS GOEBEL	P.O. Box 26034	_
		Tampa. FL 33623	Add
		rampa. PC 33023	■ Remove
			Change
MGR	MARK GREENE	3862 Fourth Avenue N.	■ Add
		St. Petersburg, FL 33713	B 1000
			☐ Remove
			Change
			☐ Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v	· ·
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document's effective date on the Department of State's records.	vill not be listed
the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. of $12:01$ by The 90th day after the record is filed.	on the earlier
, The your day after the record to finder	
Dated November 2 2018	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00