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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Special Instructions to	Filing Officer:	





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то:		istration Sec ision of Corp	-	GINA Me Lo 850-245-	6804	c o ver		
SUBJ	ECT:	Change: 1ST ROYAL CARPET CLEANING LLC to ROYAL CARPET CLEANING LLC						
I M The er	D A H e nclosed	Vefn/16 + hest Articles of A	Name of Lim The se de changes As mendment and fee(s) are sub	ited Liability Company or uments HP. Then mitted for filing.	Please h	elp me		
			dence concerning this matter					
			George C Biggs					
				Name of Person		- -		
			Royal Carpet Cleaning LLC					
		Firm/Company						
		502 SE Sunnybrook Ter						
	Address							
			Port St Lucie, FL 34983					
City/State and Zip Code						_		
			theroyalcarpetcleaning@gn					
				to be used for future annual r	eport notification)			
For fu	rther in	formation co	ncerning this matter, please ca	all:				
George C Biggs 772 4464510 at ()								
		Name of	Person	at () Area Code	Daytime Telephone Number	er		
Enclos	sed is a	check for the	following amount:					
■ \$ 2	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		Filing Fee, ate 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)

Exhibit B TRANSFER OF NAME

We, Steven J. Reimann, as President/Director of Royal Carpet Cleaning, Inc., and Jean Reimann, as Director of Royal Carpet Cleaning, Inc., both of 6203 SE Orange Blossom Trail Hobe Sound, FL 33455, hereby release, transfer and convey to 1st Royal Carpet Cleaning, LLC, any and all interest in the name **ROYAL CARPET CLEANING**, without any liens, debts, licenses, encumbrances or otherwise, to use as 1st Royal Carpet Cleaning, LLC sees fit.

ROYAL CARPET CLEANING, INC. STATE OF FLORIDA COUNTY OF Markin The foregoing instrument was acknowledged, sworn to (or affirmed) and subscribed before me this 13 day of Oct, 2015 by Steven J Reiman MINNIE KATRINA WRIGHT Notary Public, State of Florida Commission# FF 149313 NOTARY PUBLIC My comm. expires Aug. 10, 2018 My Commission Expires: Oug. 10, 1415 Personally Known OR Produced Identification ν Type of Identification Produced: Florida Driver License ROYAL CARPET CLEANING, INC. By: Jean Reimann - Its: Director Date: 10-13-20 STATE OF FLORIDA COUNTY OF Martin The foregoing instrument was acknowledged, sworn to (or affirmed) and subscribed before me ____ day of <u>oct</u> , <u>2015</u> by Sear Reiman MINNIE KATRINA WRIGHT Notary Public, State of Florida Commission# FF 149313 **NOTARY PUBLIC** My comm. expires Aug. 10, 2018 My Commission Expires: Oug k, 2018 Personally Known OR Produced Identification Type of Identification Produced: Florida Driver Licese

Buyer Con Buyer Celly Seller STR Seller

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Contractor $\underline{\mathcal{I}}\mathcal{T}\mathcal{R}$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED. 205 OCT 16 PM 2: 59

SECRETARY OF STATES TALLAMASSEE, FLORIDA

Zip Code

(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 October 6, 2015 a	
the Articles of Organization for this Limited Liability Company were filed on October 6, 2015	
lorida document number L15000169460	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
Royal Carpet Cleaning LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	tion "L.L.C."
nter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	·
s. If amending the registered agent and/or registered office address on our records, <u>enter the registered agent and/or the new registered office address here</u> :	name of the no
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager . AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at (b) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated <u>October 13</u> , <u>20/5</u> . Leave Biggarder of a member or authorized representative of a mem	
Harrie Chica	
Signature of a member or authorized representative of a mem	ber
George C Biggs	
Typed or printed name of signce	<u> </u>

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