

Division of Corporations

Page 1 of 1

L16 0000 91835

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000363586 3)))



H180003635863ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.
Account Number : 119990000015
Phone : (727) 461-1111
Fax Number : (727) 461-6430

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE RUG STORE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

DEC 27

EXAMINE

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H18000363586 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE RUG STORE, 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 May 12, 2016 and assigned
Florida document number L16000091835.

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 contain 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)

140 ISLAND WAY, #245

CLEARWATER, FLORIDA 33767

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

140 ISLAND WAY, #245

CLEARWATER, FLORIDA 33767

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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>	<u>Type of Action</u>
MGR	PHILLIPS, TERRY	1610 NORTH HERCULES AVENUE, SUITE 1	<input type="checkbox"/> Add
		CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	SUPAK, THOMAS D	1610 NORTH HERCULES AVENUE, SUITE 1	<input type="checkbox"/> Add
		CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHILLIPS, OLGA	140 ISLAND WAY, #245	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	PHILLIPS, OLGA	140 ISLAND WAY, #245	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
TREAS	PHILLIPS, OLGA	140 ISLAND WAY, #245	<input type="checkbox"/> Add
		CLEARWATER, FL 33767	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

HI 8000363586 3

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

2018 DEC 26 AM 8:22
OFFICE OF STATE
ATTORNEY GENERAL

ה

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Dec 26th, 2018
Agathullap
Signature of a member

Signature of a member or authorized representative of a member

OLGA PHILLIPS

Typed or printed name of signee