

Office Use Only



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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Bob's Carpet Mart of Brooksville, LLC					
00000011		Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Stratton Smith, Esq.				
		_	Name of Person			
		Stratton Law Firm				
			Firm/Company			
		609 W. Azeele Street				
	-		Address			
		Tampa, Florida				
			City/State and Zip Code			
		stratton@strattonlaw.com				
		E-mail address: (to be used for future annual report n	otification)		
For further in	iformation co	oncerning this matter, please ca	all:			
Stratton Smit	th		813 251-1624 at ()			
	Name of	Person	Area Code Days	time Telephone Number		
Enclosed is a	check for the	e following amount:				
≘ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Bob's Carpet Mart of Brooksville,		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited	Liability Company were filed on	07/19/2016 and assigned
Florida document number L16000132756	······································	
This amendment is submitted to amend the fo	llowing:	
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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		in the second
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		CO Parameter
		on our records, enter the name of the new
registered agent and/or the new registered (office address here:	FLOS 45
Name of New Registered Agent:	Stratton Smith, Esq.	
New Registered Office Address:	609 W. Azeele Street	
	Enter F	lorida street address
	Tampa	, Florida 33606
	City	Zin Coda

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>	Address	Type of Action
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		Clearwater, Fl 33764	■ Remove
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ocument's effective date on the D	epartment of State's record	S.			
e record specifies a delayed The 90th day after the rec	d effective date, but no cord is filed.	ot an effective tin	ne, at 12:01 a.m.	on the earlie	er c
December 4	2016	_			
ntad		—·			
ated	Signature of a member or auth	Sullo			

Page 3 of 3

Filing Fee: \$25.00