L16000137447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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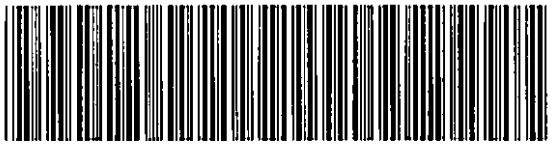

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07/03/20--01016--005 **35.00

FILED
2020 SEP -8 PM 4:32
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SEP 08 2020

S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2020

JONATHAN FULLER
OWENS CUSTOM RUGS
8180 US HWY 1
VERO BEACH, FL 32967

SUBJECT: OWENS CUSTOMEN RUGS, LLC
Ref. Number: L16000137447

We have received your document for OWENS CUSTOMEN RUGS, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 020A00015945

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OW[illegible]S CUSTOM SIGNS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLE MOSSER-PERKINS
Name of Person

OW[illegible]S CUSTOM SIGNS, LLC
Firm/Company

8180 U.S HWY 1
Address

VERO BEACH, FL 32967
City/State and Zip Code

OW[illegible]S@NEWSIGNAGE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE MOSSER-PERKINS at (772) 228-8074
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: ★ SENT CHECK FOR $35.00 THAT WAS W/ ORIG. DOCUMENT.

☐ $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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OWENS CUSTOMER RUGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 SEP -8 PM 4:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2 SEPT 2020 and assigned Florida document number L20000137417

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OWENS CUSTOMER RUGS, LLC

The new name must distinguish as 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 Florida Registered Office Address:

Enter Florida street address

_____, Florida _____
City *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 relating 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 change or correct 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 [illegible] ized Pers[illegible] authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title		Address	Type of Action
______		______	☐ Add
		______	☐ Remove
		______	☐ Change
______		______	☐ Add
		______	☐ Remove
		______	☐ Change
______	______	______	☐ Add
		______	☐ Remove
		______	☐ Change
______		______	☐ Add
		______	☐ Remove
		______	☐ Change
______		______	☐ Add
		______	☐ Remove
		______	☐ Change
______	______	______	☐ Add
		______	☐ Remove
		______	☐ Change

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

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 2/9/1 ______________, 2020 ______

____

Signature of a member or authorized representative of a member

[illegible] THAN E. [illegible]

Typed or printed name of signee