

L16000/39007

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.

((117000280010.3)))



1170002800103ADCT

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 : CONTRACTORS REPORTING SERVICES, INC.
Account Number : 120050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

****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 FLOORIST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2017 OCT 24 PM 1:35

DIVISION OF CORPORATIONS

17 OCT 24 AM 8:57

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE FLOORIST, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

ROMAN ALBANO

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City, State and Zip Code

info@activatemylicense.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

ROMAN ALBANO

Name of Person

at 813

Area Code

932-5244

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Jefferson Building
1001 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE FLOORIST, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 7/25/2016 and assigned
Florida document number L16000139007

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability Company here:

COVEY BUILDERS, LLC

The new name must be distinguishable and end with "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4311 1ST AVE S

(Principal office address MUST BE A STREET ADDRESS)

ST PETERSBURG, FL 33711

Enter new mailing address, if applicable:

4311 1ST AVE S

(Mailing address MAY BE A POST OFFICE BOX)

ST PETERSBURG, FL 33711

B. If amending the registered agent and/or the 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:

MATTHEW S COVEY

New Registered Office Address:

4311 1ST AVE

(Enter Florida street address)

ST PETERSBURG

Florida 33711

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 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 agent, I hereby confirm that the limited liability company has been notified in writing of this change.

Matthew Covey
Longing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
Authorized Representative	MCGILLIVRAY, KIRSTEN	3390 GANDY BLVD, N LOT 599 PINELLAS PARK, FL 33702	☐ Add ☒ Remove
Authorized Member	POLION, EDWARD C	3390 GANDY BLVD, N LOT 599 PINELLAS PARK, FL 33702	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

RECEIVED
DIVISION OF
17 OCT 2011 11 52 AM
A.M.

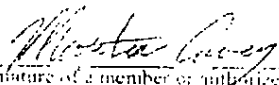
FILED

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)

(The effective date must be specific, cannot be prior to date of receipt or filing of record and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 23 2017



Signature of a member or authorized representative of a member

MATTHEW S COVEY

Typed or printed name of signee

FILED
17 OCT 24 AM 8:57
CLERK OF COURT