L16000139007

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
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: _____

2017 OCT 24 PM 1:35

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE FLOORIST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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OCT 25 2017

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 at (813) 932-5244
Name of Person Area Code 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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:

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DIVISION OF CORPORATIONS

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 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)

4311 1ST AVE S
ST PETERSBURG, FL 33711

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4311 1ST AVE S
ST PETERSBURG, FL 33711

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: 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.

Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
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

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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 the date of receipt for filing, 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

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