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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

: (407)370-3686

Phone

Fax Number

: (407)370-3120

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

Email Address: Consulting @ lacsonarc. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN PLANET CARPET AND FLOORING LLC

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K. SALY JUL 25 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp						
OLD HE		GREEN PLANET CARPET AND FLOORING LLC					
SUBJE	CI:	Name of Limited Liability Company					
		Amendment and fee(s) are subrandence concerning this matter t					
		CAROLINE LARSON					
			Name of Person				
		LARSON ACCOUNTING AND CONSULTING SERVICES LLC					
		Firm/Company					
		7901 KINGSPOINTE PKWY STE 17					
		Address					
		ORLANDO, I'L 32819					
		City/State and Zip Code					
		consulting@larsonacc.com  E-mail address: (to be used for future annual report notification)					
For furt	ther information c	oncerning this matter, please co					
CARO	LINELARSON		407 3703686				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for the	he following amount:					
<b>■</b> \$25	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	21.11	two annuece.	STRFET/COURI	ER ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER AT Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From Larson Accounting 1.321.888.4919 Fri Jul 21 15:43:04 2017 MDT Page 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TALLAHASSEE FLORIDE

GREEN PLANET CARPET AND FLOORING LLC

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

	(Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number 1.17000092296	y were tiled on <u>04/26/20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Ha	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(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 registered agent and/or the new registered office address he	office address on our ere:	records, <u>enter the name of the nev</u>
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida st	
		, Florida
<del>-</del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a	gree to act in this capa	city. 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

From Larson Accounting 1.321.888.4919 Fri Jul 21 15:43:04 2017 MDT Page 6 of 7
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>	Name	Address	Type of Action
AMBR	EDUARDO T. DE OLIVEIRA	2119 Lake Debra Dr	Add
		Apt 1316	☐ Remove
		Orlando, FL 32835	Change
			Add
		:.	Remove :
			SSET FLOWER Remove
			Change
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				- <u>- 20, </u>
Mective date, if other than the an effective date is listed, the date in Mote: If the date inserted in this locument's effective date on the	ust be specific and cannot be block does not meet the a	bblicapie stamoty min	(option ore than 90 days after fi g requirements, this	ling.) Pursuant to 605.020
e record specifies a delay The 90th day after the re	ed effective date, bu cord is filed.	t not an effective t	ime, at 12:01 a.	m. on the earlier o
Dated	2017			
7aicti	<del>7</del>			
<i>SA</i>	24	authorized representative		

Page 3 of 3
Filing Fee: \$25.00