

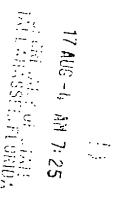
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer; |
| |

Office Use Only



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AUG 0 7 2017 J SHIVERS

COVER LETTER

TO:

| | ntion Section of Corporations | | |
|-------------------------|--|---|---|
| SU BJE CT: | PARLETTE CA | RPET SERVICES mited Liability Company | 5, LLC. |
| The enclosed Arti | icles of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all c | correspondence concerning this matte | er to the following: | |
| | _ | JEFFERY PARI | |
| | PARLETTI | E CARPET SEI | rvices, LLC. |
| | 902 C | AROLINE AVE. | <u>,</u> |
| | WEST PALM Parsi | BEACH FL 30 City/State and Zip Code City/State and Zip Code City Services 6 act to be used for future annual report notific | 34/3 o/.com |
| For further inforn | nation concerning this matter, please | | cation) |
| Dougu | Name of Person | ETTEat (386) 9/6 Area Code Daytime | - 9069 Telephone Number |
| Enclosed is a che | ck 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/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer | n ations |

Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARIETTE CARRET SERVICES //C

| ompany as it now appears on our records.) |
|--|
| nited Liability Company) |
| pany were filed on $8/2/17$ and assigned 556 |
| |
| liability company here: |
| Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
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| |
| 7 A |
| ed office address on our records, enter the name of the new |
| |
| 9 |
| Enter Florida street address |
| Emer Florida Mreel 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 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 = A | Authorized Member | | |
|---------------|------------------------|------------------|----------------------------|
| <u> Fitle</u> | <u>Name</u> | Address | Type of Action |
| MBR | Douglas Dylan Parlette | Strart, FL 34997 | 821 ≭ Add |
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| tive date, if other than the date of filing: | (optional) |
| ffective date is listed, the date must be specific and cannot be prior to date | te of filing or more than 90 days after filing.) Pursuant to 6 |
| If the date inserted in this block does not meet the applicable s nent's effective date on the Department of State's records. | statutory filing requirements, this date will not be li |
| • | |
| cord specifies a delayed effective date, but not an | effective time, at 12:01 a.m. on the ear |
| 90th day after the record is filed. | |
| | |
| 8.2 2017 | |
| | |
| truck) . / W | |
| Signature of a member of a hhorized | representative of a member |

Page 3 of 3

Filing Fee: \$25.00