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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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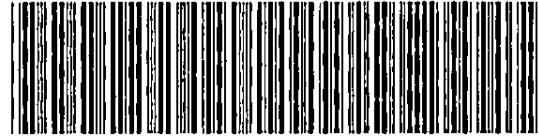
(Business Entity Name)

(Document Number)

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2020 JAN 27 PM 4:27  
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VALLEY, CALIF.

O SIMMONS

FEB 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Carpet & Pad Recovery 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:

Jessica Mondragon  
Name of Person

Carpet & Pad Recovery LLC  
Firm/Company

932 E 124th Ave  
Address

Tampa, FL 33612  
City/State and Zip Code

mondragonj@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Mondragon at (813) 4680501  
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 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**

Carpet & Pad Recovery LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/20/20 and assigned Florida document number L17000106147.

This amendment is submitted to amend the following:

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

The new name must be distinguishable 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 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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jessica Mondragon	15115 23rd Street N	<input type="checkbox"/> Add
		Lut 2, FL 33549	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Paola Mondragon	15115 23rd Street N	<input type="checkbox"/> Add
		Lut 2, FL 33549	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	José S Garcia Ontiveros	10002 E Bougainvillea Ave	<input type="checkbox"/> Add
		Tampa, FL	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Vairo P Gualan	23 Woodgate Ct	<input type="checkbox"/> Add
		Middletown OH 45044	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE  
TALLAHASSEE FL  
2020 JAN 27 PM 4:27  
Change  
Add  
Remove  
Change

2020 JAN 27 PM 4:27  
SECURITY JAF  
TALLAHASSEE, FL

2020 JAN 27 PM 4:27  
SECRET  
TALLMAN, SEPT

**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.

Dated January 24<sup>th</sup> 2020

*Jessica Mondragon*  
Signature of a member or authorized representative of a member

Jessica Mondragon  
Typed or printed name of signee