117000154517

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
	11

Office Use Only



100303401511

09/19/17--01004--020 **25.00

17 SEP 19 AH II: 04 and sign of coard coard and sign of coard coard coard and sign of the coard coard

O SIMMONS SEP 19 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Craftsman Carp	et, LLC
Name of Limited	Ciabuny Company
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to t	he following:
Richard	d Kerwit Name of Person
Craftsman	Carpet, LLC.
3255 Capita	1 Circle NE Apt. 2B
Tallahas	isee FL 37308
	roet/1/c @ gmail, Com
For further information concerning this matter, please call:	
Richard Kerwit	at (850) 8/2-8/19 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee Scartificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L/7000 15451.7</u> 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 "LLC." 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: ichard Kerwit Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

	Authorized Person(s) auth	orized to man	age, enter the title, name, and address of each	person being added
MGR = Ma 'AMBR' = Au	anager athorized Member	l		
Title	<u>Name</u>		Address Call Coole NE	Type of Action
AR	Loretta Mar	tin_	Address 3255 Capital Grele NE A Tallahassee, Fl 32308 #28	ot_ □ Add
		}		Nemove
		I		Change
				O Add
				□ Remove
				Change
				Add
				Add SERVE ST. Change H. I. O. Add Add Add Add Add Add Add Add Add Ad
				_O Change
				_□ Add Q
				_□ Remove
		1		_□ Change
		<u> </u>		Add
				Remove
		i i		_□ Change
		1		_□ Add
				_□ Remove
				_□ Change

, ,		
If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
	. [1	
, —		
_		
	<u> </u>	
_	<u> </u>	
_		
		20
		工工
		T SEP 19 AM 11: OH
_		
_		
Effective	e date, if other than the date of fi	iling:(optional)
If an effec <u>Note:</u> If	tive date is listed, the date must be specific	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (, of meet the applicable statutory filing requirements, this date will not be listed as the
he reco The 9	rd specifies a delayed effectiv Oth day after the record is file	 re date, but not an effective time, at 12:01 a.m. on the earlier of: ed.
Dated _	9/15/17	
	Sen TIAN	
	Signature c	Ta member or authorized representative of a member
	LORETTA MU	Wet W
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00