# 117000188606

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SECRETARY OF STATE OF CORPORATIONS

N COOPER JUN 0 4 2018

### **COVER LETTER**

		oring Solutions, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Jean Marie Anderson		
			Name of Person	
		Venice Flooring Solutions,	LLC	
			Firm/Company	
		783 US Hwy 41 Bypass, So	outh	
			Address	
		Venice, FL 34285		
		<del></del>	City/State and Zip Code	
		jeannie@veniceflooringsolu		
		E-mail address: (	to be used for future annual report	notification)
For further in	iformation co	oncerning this matter, please ca	di:	
Jean Marie A	Anderson		941 882-4952	?
	Name o	f Person	at () Area Code Day	ytime Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■ \$</b> 25.00 F	iling 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)
	MAIL	ING ADDRESS:	STREET/CO	URIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venice Flooring Solutions, LLCd		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) fa Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability of Plorida document number L17000188606	Company were filed on September 5, 2017	and assigned
This amendment is submitted to amend the following:	<del></del>	
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	₹ 35°
		<u>ω 955</u> ±
		- CORY
Enter new mailing address, if applicable:		20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
Francis augress (ETT BENT 100). 0.1100 BOLL		<b>→</b> ₹
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		r the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	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>	Address	Type of Action
AMBR	Brian S. Conrad, Sr.	783 US Hwy 41 Bypass, South	
		Venice, Ft. 34285	Remove
			☐ Change
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		<del></del>	Remove
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			(amáin-	- IS
fective date, if other than effective date is listed, the date	te must be specific and cannot be	prior to date of filing or r	nore than 90 days after file	ing.) Pursuant to 605.02
	his block does not meet the a the Department of State's rec		ig requirements, this da	ite will not be listed a
record specifies a de The 90th day after the	layed effective date, but e record is filed.	t not an effective	time, at 12:01 a.r	n, on the earlier
nted	2018	·		
	Signature of a member of			

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Typed or printed name of signee

Filing Fee: \$25.00