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(Requestor's Name)
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(City/Changlin/Dhana 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corpo			
SUBJECT: <u>Bea</u>	Carpet //	Maintenance LA	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for tiling.	
Please return all correspond	lence concerning this matter t	o the following:	
•	Red Car Po L Jackson Latoyas E-mail address: (1	Name of Person Pet Main tera Firm Company Box 37823 Address Address City/State and Zip Code W 850 amail: Con o be used for future annual report notifica	nce LLC 205
For further information cor	cerning this matter, please ca	di:	
La toya Name of I	Williams Person	at (<u>904</u>) <u>563</u> Area Code Daytime T	elephone 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 radditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Red Carpet Main tenance LLC

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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 3 8 18 and a

	City	, Florida	Zip Code	
	Emer Florida street address			
New Registered Office Address:				
Name of New Registered Agent:				
registered agent and/or the new registered offi	ce address here:	·		
B. If amending the registered agent and/or	r registered office address on ou	ır records, <u>enter F</u>	Re name of	the nev
·				Treasure .
(Mailing address MAY BE A POST OFFICE B	<u> </u>	<u> </u>	<u> </u>	\mathbf{n}
Enter new mailing address, if applicable:		<u></u>	20	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new principal offices address, if applical	ble:			
The new name must be distinguishable and contain the wor			eviation "L.L.C	
1 - 7) 1 (arpet Enterprise			
A. If amending name, enter the new name of t	the limited liability company here:			
This amendment is submitted to amend the follow	ving:			
Florida document number <u>LI80000 IS</u>	<u>869</u> .			

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

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	r than the date of fi	ling: <i>3/.</i>	21/18	(optional	l)	
te: If the date insert	, the date must be specific ed in this block does no	ot meet the applic	able statutory filing			
rument s effective da	nte on the Department of	of State's records.	,			
record specifies	a delayed effective	e date, but no	ot an effective tir	me, at 12:01 a.m	. on the earlie	er o
	er the record is file					
	2/22	2018				
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Page 3 of 3

Filing Fee: \$25.00

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			
			□ Add			
			□ Remove			
			∵ Change			
			Remove			
	,		Change			
			Add			
			Remove			
			Change			
			Repove			
			AHASSEE FL			
,			Remove			
			Change			
			□ Remove			