L18000 136923

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2019 FEB -4 PH 4: 29
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FEB 1 2010

COVER LETTER

TO: . Registration Section Division of Corporations	
SUBJECT: Carpet Fresh Tile & Flood Restoral Name of Limited Liability Company	' *:
	2019 2019
The enclosed Articles of Amendment and fee(s) are submitted for filing.	FEB.
Please return all correspondence concerning this matter to the following:	07-50 1 07-50 4 07-50 4
Luke Fields Name of Person	PH 4: 29
Firm/Company	
55 Primose Court	
Santa Rosa Brach, Florida 324; City/State and Zip Code	59
Carpetfresh tf vestoration Juke 6 gi	mail. Com
For further information concerning this matter, please call:	
Luke Fields at (850) 851-5	525)
Name of Person Area Code Daytime Tele	ephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{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

2019 FEB -4 PM 4: 25

Carpet Fresh Tile & Floo (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18 000 13 69 23</u> .	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	7
The new name must be distinguishable and contain the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words" Limited Liability Contains the words "Liability Contains the words" Liability Contains the words "Liabilit	lity 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)	55 Primrose Court Santa Rosa Black, Fl 32459
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	55 Primrose Court Santa Rosa Beach, FL 32459
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
MARIE - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000	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
<u>C00</u>	Mary Powell	106 Enchanted Way	
		Santa Rosa Beach, FL 329	1 <u>59</u> № Remove
			Change
CFO	Layla Dersy	106 Enchanted Way Santa Rosa Beach, FL 324	Add
	, ,	Santa Rosa Beach, FL 324	159 Remove
			Change
CEO	Luke Fields	55 Primrose Court Santa Rosa Bench, FL 324	5 Add
		Santa Rosa Beach, FL 324	59□ Remove
			Change
			
			Remove
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ctive	date, if other than	the date of filin	g:	date of filing or more	(optional) than 90 days after filing	
<u>e:</u> If t	ne date inserted in th	is block does not i	meet the applical	ole statutory filing re	equirements, this date	will not be listed as
ument	s effective date on th	ie Department of S	State's records.			
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		July	CLEHER	ized representative of		
		Signature of a	member or author	ized representative or	a memoer	
		Signature of a		1 name of signee	a member	

Page 3 of 3

Filing Fee: \$25.00