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COVER LETTER

Division of Corp			
CREATIVE SUBJECT:	CONCEPTS FLOOR COV	ERING, LLC	*
Sobsect.	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	BRENDA ALLEN		
	•	Name of Person	
		Firm/Company	
	2112 SW 8TH CT		
	CAPE CORAL, FL 33991	Address	
	BALLEN@YOUR-ADVOCA	City/State and Zip Code TES.ORG	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ea	all:	
BRENDA ALLEN		239 689-1096 at ()	
Name of	Person		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 Fec, 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**

CREATIVE CONCEPTS FLOOR COVERING, LLC

(Name of the Limited Labili (A Florid	a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 06/12/2018	and assigned
Florida document number L180000145432	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Stating address MAT DE AT GOT OTTICE DOWN		
		
B. If amending the registered agent and/or regis		ords, enter the name of the no
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent	and agree to act in this canacity. I	further agree to comply with t
provisions of all statutes relative to the proper and c		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PHILLIP AUST	2301 JEFFCOTT STREET	
		FORT MYERS, FL 33901	
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effective date is listed, the date must	date of filing:be specific and cannot be prior to date of filing or mo	(optional) re than 90 days after filing.) Pursuant to 605.
If the date inserted in this bloment's effective date on the De	ck does not meet the applicable statutory filing	requirements, this date will not be liste
ecord specifies a delayed e 90th day after the reco	effective date, but not an effective til rd is filed.	me, at 12:01 a.m. on the earlie
November 14	2018	
Brenda	MAN.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00