

2018-06-27 14:23

DIVISION OF CORPORATIONS

DBS 813-884-5920 >> 850-617-6381

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L18000154217

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DBS DIEZ BUSINESS SERVICES INC
Account Number : I20170000086
Phone : (813)871-1816
Fax Number : (813)884-5920

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JACKSONVILLE CARPET SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALLY

JUN 28 2018

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2018-06-27 14:24

DBS 813 884 5920 >> 850-617-6381

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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FILED
18 JUN 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JACKSONVILLE CARPET SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/22/2018 and assigned
Florida document number L18000154217

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 "L.L.C."

Enter new principal offices address, if applicable:

3760 UNIVERSITY BLVD APT 1019

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32216

Enter new mailing address, if applicable:

3760 UNIVERSITY BLVD APT 1019

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32216

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:

Name of New Registered Agent:

New Registered Office Address:

3760 UNIVERSITY BLVD APT 1019

Enter Florida street address

JACKSONVILLE

, Florida 32216

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	LEYDER FERNANDEZ PEREZ	3760 UNIVERSITY BLVD #1019	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 27 2018

Signature of a member or authorized representative of a member

LEYDER FERNANDEZ PEREZ

Typed or printed name of signee