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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

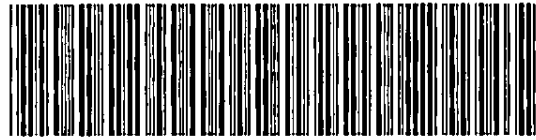
(Business Entity Name)

(Document Number)

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JULIA M. GIBSON, CLERK

11/24/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Discount Carpet and Floors
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Micah Ethridge
Name of Person
Discount Carpet and Floors
Firm/Company
4890 Yacht Basin Dr.
Address
Jacksonville, FL 32225
City/State and Zip Code
Micahcoj@gmail.com
E-mail address: (to be used for future annual report notification)

CLERK OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Micah Ethridge at (904) 210-5277
Name of Person Area Code Daytime 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Discount Carpet and Floors 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 7/3/2018 and assigned
Florida document number L1800016235.4

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ethridge Roofing Solutions LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

4890 Yacht Basin Dr.
Jacksonville, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4890 Yacht Basin Dr.
Jacksonville, FL 32225

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:

Micah Ethridge

New Registered Office Address:

4890 Yacht Basin Dr.

Enter Florida street address

Jacksonville

City

Florida

32225

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>	<u>Address</u>	<u>Type of Action</u>
<u>Mrs</u>	<u>Deborah Ethridge</u>	<u>4890 Yacht Basin Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville FL 32225</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/8, 2020

Signature of a member or authorized representative of a member

Micah Ethridge
Typed or printed name of signer

Filing Fee: \$25.00