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. (Requestor's Name)
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SECRETARY OF STATE
SECRETARY OF STATE
OIVISION OF CORPORATIONS

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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
o e un i		PRESS LLC		
SUB	JECT:	Name of Limi	ted Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Pleas	e return all correspo	ndence concerning this matter t	to the following:	
		KAREEM ROACH		
			Name of Person C Firm/Company IVE Address City/State and Zip Code s: (to be used for future annual report notification) e call:	
		CARPET XPRESS LLC		
			Firm/Company	
		6617 BOXWOOD DRIVE	<u>:</u>	
			Address	
		MIRAMAR, FL 33023		
			City/State and Zip Code	·
		smckoy@icloud.com	a ha word for future annual report no	titleation)
For f	urther information c	oncerning this matter, please ca		
KAR	REEM ROACH			
	Name o	f Person		me Telephone Number
Encl	osed is a check for th	ne following amount:		
	325.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registration Sect	ion

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARPET XPRESS LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L18000183953	mpany were filed on 08/01/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	iss)	30 VIS
Enter new mailing address, if applicable:		CRETARY DE DE PLE
(Mailing address MAY BE A POST OFFICE BOX)		4H 9: 1
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>en</u> e <u>ss here</u> :	ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	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>	<u>Address</u>	Type of Action
MGR	BRAIN JEAN	6617 BOXWOOD DRIVE	
		MIRAMAR, FL 33023	Remove
			Change
MGR	BRIAN JEAN	6617 BOXWOOD DRIVE	
		MIRAMAR, FL 33023	☐ Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
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			□ Add
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nn de la	مدر المارية	AUGUST	7, 2018	((optional)	
ffective date, if other than an effective date is listed, the dat	must be specific	and cannot be price	or to date of filing	or more than 90 days	s after filing.) Pursuant to	o 605.03
Note: If the date inserted in the locument's effective date on t	is block does no ie Department o	of meet the appli- of State's record	cable statutorys.	ming requirement	s, this date will not be	. nsccu
	•					
e record specifies a del	yed effective	e date, but n	ot an effect	ve time, at 12:	:01 a.m. on the e	arlier
The 90th day after the	record is file	·d.				
AUGUST 7		2018				
Dated			 •			
			_	/		
	/			tative of a member		_

Page 3 of 3

Filing Fee: \$25.00