## 11800188679

(Re	equestor's Name)				
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ZOIR AUG 13 PH 1:07 SECRETARY OF STATE

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## **COVER LETTER**

Div	ision of Corp	porations					
SUBJECT:	JARED SE	T IT RIGHT LLC					
SUBJECT.							
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		JARED SMITH					
	Name of Person						
		JARED'S SET IT RIGHT FLOORING, LLC					
	Firm/Company						
	Address						
		STARKE, FL					
	City/State and Zip Code						
		INFO@RIVERCPA.COM					
		E-mail address: (	to be used for future annual report notifi	cation)			
For further in	nformation co	oncerning this matter, please co	all:				
STANLEY	U HUNT		904 626-6347				
	Name of	Person		Telephone Number			
finelosed is a	t check for th	e following amount:					
<b>≘</b> \$25.00 F	iling 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:

TO:

**Registration Section** 

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

FILED

2018 AUG 13 PM 1: 07

JARED SET IT RIGHT, LLC <u>SECRETARY OF STATE</u> (Name of the Limited Liability Company as it now appears on our records) LAHASSEE, FL (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_08/07/2018 and assigned Florida document number <u>L18000188679</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JARED'S SET IT RIGHT FLOORING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" or the abbreviation "L1.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address \_\_\_\_. Florida \_\_\_ Cirv

## 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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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be pook does not meet the app	rior to date of filing or mo olicable statutory filing		g.) Pursuant to 605,0207 (3
the record specifies a delayed The 90th day after the rec		not an effective ti	me, at 12:01 a.m.	on the earlier of:
Dated	. 2018	·		
gud	Signature of a number or a	uthorized representative	of a member	
Jared Smith				
	Typed or n	rinted name of signee		

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Filing Fee: \$25.00