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08/23/21--01021--009 **25.00



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COVER LETTER

TO:	Registration Section		
	Division of Corporations		

SOUTHERN CARPET LLC

SUBJECT: ____

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:

JOSE INIGUEZ

Name of Person

SOUTHERN CARPET LLC

Firm/Company

512 SE 28TH AVE

Address

POMPANO BEACH, FL 33602

City/State and Zip Code

jiniguez@elitemaintenancemgt.com

E-mail address: (to be used for future annual report notification)

786 at (______ Area Code

For further information concerning this matter, please call:

SCARLETT ALVAREZ

Name of Person

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/COURIER ADDRESS:

Daytime Telephone Number

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

422-5015

DocuSign Envelope ID: 1DBE61B8-B7A8-47BB-87D1-2066BE33913E ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>07/06/2021</u> and assigned Florida document number <u>L21000306511</u>.

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 "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	677 166 161
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- بقدء
	<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the <u>new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	Cin	. Florida 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

DocuSign Envelope ID. 10BE61B8-B7A8-47BB-87D1-2066BE33913E It amenuing Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	CINDY A GOMEZ	512 SE 28TH AVE	🖬 Add
		POMPANO BEACH, FL 33602	🗆 Remove
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E. Effective date, if other than the date of filing: _________________(optional) (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.

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.

AUGUST 20 2021

Jose Iniguez Signature of a member or authorized representative of a member

JOSE INIGUEZ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00