

121000318371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

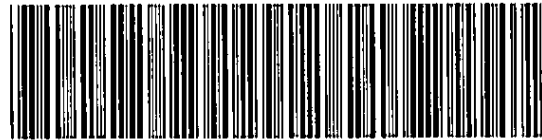
(Document Number)

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2021 AUG 24 PM 2:48

FILED

Amend

SEP 08 2021  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

RECEIVED

SUBJECT: Ocala Floors by Remy  
Name of Limited Liability Company

2021 AUG 24 AM 11:25

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

Please return all correspondence concerning this matter to the following:

Allison Potts

Name of Person

Ocala Floors by Remy

Firm/Company

4900 SW 46th Ct. Apt #2308

Address

Ocala, FL 34474

City/State and Zip Code

afpotts@msn.com

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

For further information concerning this matter, please call:

Remy Quiros

Name of Person

at ( 352 )

Area Code

512-3056

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2021

ALLISON POTTS  
4900 SW 46TH CT APT 2308  
OCALA, FL 34474

SUBJECT: OCALA FLOORS BY REMY, LLC  
Ref. Number: L21000318371

We have received your document for OCALA FLOORS BY REMY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 921A00019785



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2021

ALLISON POTTS  
4900 SW 46TH CT  
APT 2308  
OCALA, FL 34474

SUBJECT: OCALA FLOORS BY REMY, LLC  
Ref. Number: L21000318371

We have received your document for OCALA FLOORS BY REMY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK  
Document Specialist

Letter Number: 321A00021313

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

Ocala Floors by Remy

(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 07/13/21 and assigned  
Florida document number 121000318371.

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:**

**(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

*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>	<u>Type of Action</u>
MGR	Allison Potts	4900 SW 46th Ct. Apt 2308	<input checked="" type="checkbox"/> Add
		Ocala, FL 34474	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Remigio Quiros	4900 SW 46th Ct. Apt 2308	<input checked="" type="checkbox"/> Add
		Ocala, FL 34474	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated August 16, 2021

Allison Ross

Signature of a member or authorized representative of a member

Allison Potts

Typed or printed name of signee