# L110000 51880

(R	equestor's Name)	
(Á	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	<del></del>
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700314365317

06/08/18--01015--001 +\*25.00

SECRETARY OF SIVIENCE OF ATTOMS

N COOPER JUN 11 2018

### **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	Harolds Floo	r Covering, LLC		
John Ci.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Lori Harold		
			Name of Person	<del> </del>
		Harolds Floor Covering, L	LC	
			Firm/Company	<del></del>
		1109 SW 8TH PI		
		•	Address	
		Cape Coral Fl 33991		
		<del>-</del>	City/State and Zip Code	
		haroldsfloorcoveringllc@gn		
		E-mail address: ()	to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	ill:	
Lori Harold			239 314-9975 at ( )	
	Name of l	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$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

Harolds Floor Covering, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our r I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compari Florida document number L11000051880	by were filed on $\frac{5-02-2011}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		18 SE
		<b>1</b> 000000000000000000000000000000000000
		- 97A-7
Enter new mailing address, if applicable:		00 00 00 00 00 00 00 00 00 00 00 00 00
		<b>-</b> 300
(Mailing address MAY BE A POST OFFICE BOX)		<b>5</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uddress
		_, 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

<b>Title</b>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Lori K. Harold	1109 SW 8TH Pl	
		Cape Coral Fl 33991	Remove
			Change
MGRM	Kollin S, Faessler	3704 SW 7TH PI	Add
		Cape Coral Fl 33914	□ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change

	18 JUN
	18 JUN
	NUL 81
	18 JUN
	NO.
	<del>  </del>
	AM II: 0.3
	<u></u>
ective date, if other than the date of filing: (optional)	
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 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b	
rument's effective date on the Department of State's records.	Je Hate
record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the $\epsilon$ he $90th$ day after the record is filed.	earlie
ne sour day area the record is med.	
ed May 06 2018	
Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00