## L12000089241

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EXAMINER



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EXAMINER



## COVER LETTER'

TU: Registration Sec Division of Corp			
SUBJECT:	C Remodeling Name of Limit	and Floring, LLC ted Liability Company	-
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	F. C. C.
	Manoel	Magalhaes Name of Person	AHASELE FLORE
		Firm/Company	- Dr
	2228S SW	G6th Ave. Agot. 2 Address	01
	Boca Rator	City/State and Zip Code	<del></del>
	mannyflav E-mail address: (i	ia e g mail. Lom to be used for future annual report notificat	ion)
For further information co	nceming this matter, please c	all:	
Flavia Ma Name of	ga lhaes Person	at (913) 296.22 Area Code & Daytime To	elephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	[]\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Ur		مر مارد المراجع المراج	a light	
HICO.			76 G	Tate of	
TLC Remodelic (Name of the Limited I	y and Fl	poring LLC	2 3		
(A)	lorida Limited Liab	as it now appears on or ility Company)	ur records.	强,一	
The Articles of Organization for this Limited Lie	Lilie, Caman	~. · ¬/.	1. 50 M	Ø	
The Articles of Organization for this Limited Liab Florida document number <u>L12000080</u>	Company we	re filed on ///	0/12 Gat	d assigned	
Tronds document indinoar	1291		12	ል ነሪ,	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability	company here:			
The new name must be distinguishable and with			17		
The new name must be distinguishable and end with "L.L.C."	the words "Limited I	Liability Company," the	e designation "LLC" or	the abbreviation	
Enter new principal offices address, if applicab	ole:	NIA			
(Principal office address MUST BE A STREET	ADDRESS)				
				· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	_	NIA			
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>				
	_				
				- <del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our rec	cords, enter the na	ne of the new	
registered agent and/or the new registered offw	te aqui ess nere:				
Name of New Registered Agent:	NIA	Tana			
	/ LA				
New Registered Office Address:		Enter Flo	rida street address		
		THE! LIMIT IN CEL COM C22			
		ity	, Florida Zin	Code	
N. D. A. A. A. Glander & Barrella Ba		ssy	ZД	- COMP	
New Registered Agent's Signature, if changing Re	eistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Flavia Magalhas	22285 SWGGT Ave. April 2001 BOCA Ration, FI 33428	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
	- Repair, Replace, as	dd Coutters	<del>_</del>
	- Report - Replace, co	old Planing	_
	Pressure washing		<u>.</u>
	- remove, replace, a	add cabinets in hathroom or	
	October 3 201	delia	_
Dated _	October 3 , 201	2	
	Signature of a member of	or authorized representative of a member	<del></del>
	Flavia Masalha.	PS r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00