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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

· TO:

SUBJECT:		MARCOS & MARIA FLOORING LLC					
		Name of Limit	ted Liability Co	ompany			
The enclosed Art	icles of An	nendment and fee(s) are sub	mitted for filin	g.			
Please return all o	correspond	ence concerning this matter	to the followin	g:			
		MARIO JAIMES					
		Name of Person					
			Firm/Con	nnany			
		Firm/Company					
		608 CEDAR LN					
	Address						
	FORT MEADE FL 33841						
			City/State and	Zip Code			
		E-mail address: (t	o be used for fut	ure annual report not	ification)		
For further inform	nation con	cerning this matter, please c	all;				
	МАР	O MIMES	Q	60	112-16	\$ 50	
·	MARIO JAIMES Name of Person		at (at (863) 443-4658 Area Code & Daytime Telephone Nu			
Enclosed is a che	ck for the	following amount:					
\$25.00 Filing	Fee [\$30.00 Filing Fee & Certificate of Status	Certifie	iling Fee & d Copy onal copy is enclose		\$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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 SEP -7 AM 8: 33

MARCOS & MARIA FLOORING LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 Li	ability Company were filed on	FLORIDA and assigned
Florida document numberL10000079		
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here	3
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	ROY)	
B. If amending the registered agent and/or the new registered of		ur records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er 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 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 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 Type of Action <u>Title</u> <u>Name</u> **Address DENIS JAIMES** MGRM **⊘** Add 608 CEDAR LN **FORT MEADE FL 33841** Remove Add 🗀 Remove ☐ Add Remove ☐ Add Remove ∏Add Remove [T]Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Stptamber 2nd, 2010. Signature of a member or authorized representative of a member Mario Juimes.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00