

LO3000049549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. G. G. OCT - 8 2008

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Ralph Ming Floor Covering LLC  
(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:

Ralph Ming  
(Name of Person)

Ralph Ming Floor Covering LLC  
(Firm/Company)

3325 N.W. 100 Street  
(Address)

Ocala FL 34475  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ralph Ming at (352) 368-3868  
(Name of Person) (Area Code & 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2008

RALPH MING  
3325 N.W. 100 STREET  
OCALA, FL 34475

SUBJECT: RALPH MING FLOOR COVERING INSTALLATION, LLC  
Ref. Number: L03000049549

We have received your document for RALPH MING FLOOR COVERING INSTALLATION, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Our records show no listing for a Ralph Ming Floor Covering LLC the name according to our records ( see printout). You did not submit page 1 of the amendment. I am enclosing the form.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 908A00051895

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
08 OCT -8 PM 12:28  
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 Liability Company were filed on 12-3-2003 and assigned  
Florida document number L03000049549.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ralph Ming Floor Covering Installation, LLC

The new name must be distinguishable and end with 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gary Baker III	8619 N.W. 9th Ave Ocala, FL 34475	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Sept. 23, 2008.

Ralph Ming III  
Signature of a member or authorized representative of a member

Ralph Ming III  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 OCT - 8 PM 12: 28

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