## L04000000987

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12 JUL -9 AN 8:54

SECRE LANGE FLORIDATE

ALLAHASSEE, FLORIDATE

B. BOSTICK

JUL 1 0 2012

EXAMINED

## **COVER LETTER**

Division of Corporations
SUBJECT: Day OS Hughes Floring 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:
Dayalas Hughes  Dayalas Hughes Flooring LC.
Firm/Company
2410 sw Washington St.
Port St. Lucie F1 34953  City/State and Zip Code  Ref = T
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daylas Hughes at 72, 528-3629 ST Area Code & Daytime Telephone Number ST ST
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doughs Hubes F	ompany as it now appears	on our records.)			
(A Florida Lim	nited Liability Company)				
The Articles of Organization for this Limited Liability Com	npany were filed on	12/12	and assig	gned	
Florida document number <u>L0400000987</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company here:				
The new name must be distinguishable and end with the words	"I imited Lighility Company	" the decimation	s "LLC" or the ab	hreviation	
"L.L.C."	Linned Liability Company	, the designation	I LLC Of the at	oreviation	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		1 2 2 E		
			AF F	1 1	
			SS/SS/SS/SS/SS/SS/SS/SS/SS/SS/SS/SS/SS/	10 10 3	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·			T.	
(Mailing address MAY BE A POST OFFICE BOX)			F0 00		
			PE 5		
	***************************************		Ä		
B. If amending the registered agent and/or registered		r records, <u>ente</u>	r the name of	the new	
registered agent and/or the new registered office addres	<u>s here</u> :				
Name of New Registered Agent:					
New Registered Office Address:				<del></del>	
	Enter Florida street address				
<del> </del>	,	, 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 **Type of Action** Title Name **Address** ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00