

104 000003064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000117977760

02/15/08--01011--001 **25.00

2008 MAR -3 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

MAR - 4 2008

EXAMINER

104-3064



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2008

MIKE ANDERSON
11405 BRONSON RD.
CLERMONT, FL 34711

SUBJECT: ANDERSON HARDWOOD FLOORING, LLC
Ref. Number: L04000003064

We have received your document for ANDERSON HARDWOOD FLOORING, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

The first page of the amendment to the articles of organization were missing from your document.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 108A00010201

2008 MAR -3 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Anderson Hardwood Flooring 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:

Mike Anderson

(Name of Person)

Anderson Hardwood Flooring LLC

(Firm/Company)

11405 Bronson Rd.

(Address)

Clermont Fl. 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Anderson

(Name of Person)

at (407) 758-3874

(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

2008 MAR 23 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Anderson Hardwood Flooring LLC

(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 January 12 2004 and assigned Florida document number 104000003064.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

FILED
2008 MAR -3 11:10:04
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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)

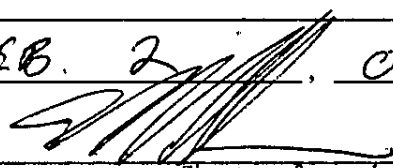
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Whetstone	11630 Holmes Dr. Clermont Fl. 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael Conover	504 Third St. Ocoee Fl. 34761	<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

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

Dated FEB. 2, 09.



Signature of a member or authorized representative of a member

Mike Anderson

Typed or printed name of signee

2008 MAR -3 AM 10:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILE