

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000201269 3)))



H060002012893ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RECEIVED 8 AUG 25 PM 4: 53 ECHERATOR STATE

WHOLESALE FLOORING OUTLET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25,00

Electronic Filing Menu

Corporate Filing Menu

FILED

08 AUG 25 AH 8: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDAE

T. HAMPTON

AUG 26 2008

8/25/2008 4:36 PM

FROM : DAZARUS

FAX NO. :3052201440

P2 FILEL
P1 Aug. 25 2008 AUG 25 N
PALLAHASSEE F

(Zip Code)

H08000201269

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wholesale Flooring Outlet (Name of the Limit The Articles of Organization for this Limited Liability Company were filed on 04/25/2005 and assigned Florida document number 1.05000041842 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.J.,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

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

FROM : LAZARUS

MGR = Manager

FAX NO. :3052201440

H08000201269

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;

MGRM = N	Managiny Member		
Title	Name	Address	Type of Action
MGRM	Nancy Sulliven	560 NW 165 at M Miaml, FL 33169	Add Ramove
MGRM	Staraheema Greene.	17017 NW 50 ct Mieroi, Fl. 33055	Add Remove
MGRM	Darothy H Holzshuh	1977 NW 119th m. Mlami, Fl. 33181	Add Remove
***************************************	and the state of t		Add Ramove
			Add Remove
	- 77 Hz dada		Add
D. If amend	•	change(s) here: (Attach additional sheets, if necess	2.0
			FILE 8 AUG 25 , ECRETARY OF LIAHASSEE, F
-	1		AN 8: 52 FSTATE FLORIDA
Dated	Obe	pember or authorized representative of a member	
		Typed or printed name of signes	,

Page 2 of 2

Filing Fee: \$25.00

H08000201269