LOG 000099994

| | | • |
|-----------------------------|------------------|-------------|
| (Requ | iestor's Name) | |
| | | |
| (Addr | ess) | |
| | • | |
| (Addr | ess) | |
| • | • | |
| (City/9 | State/Zip/Phone | a #f) |
| (Onyro | Julie Zipri Hone | 5 π) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Busin | ness Entity Nar | ne) |
| | - | r |
| (Docu | ment Number) | |
| (5000 | ment ranibel) | |
| | | |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions to Fil | ing Officer: | |
| ' | ŭ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200188892512

12/27/10--01018--017 **25.00

2810 DEC 27 AH LE 11
SECRETARY OF STATE
TALL SHASSEE, FLORID

T. CLINE
DEC 2.8 2010
EXAMINER

COVER LETTER

| Division of Co | rporations | | | | |
|---------------------------|--|---|--------------------------------------|--|-------------|
| SUBJECT: | Rock Solid Flo | ooring Systems, LL0 | | | |
| | | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | , | Karen Chancy | | | |
| | | Name of Person | | | |
| | Rock S | olid Flooring Systems, | LLC | | |
| | | Firm/Company | | | |
| | 5944 S | and Wedge Lane Unit | 1101 | | |
| | | Address | | | |
| | | Naples, FL 34110 | | | |
| | | City/State and Zip Code | | | |
| | F-mail address: (| nchancy@comcast.net to be used for future annual repor | t notification) | | |
| For further information | concerning this matter, please of | • | | TALLAH SECSE SECSE | 1 |
| K | aren Chancy | at (239) | 293-7040 Paytime Telephone Number | | Ric North (|
| Name | of Person | Area Code & D | aytime Telephone Number | 171 a | |
| Enclosed is a check for | the following amount: | · | | ST S | ž. |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is end | closed) Certified | ing Fee, te of Status & | ed) |

MAILING ADDRESS:

TO:

Registration Section

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

| Rock | Solid Floorii | ng Systems, i | LLC | |
|--|--------------------------------------|--|--------------------------|----------------------------|
| (<u>Name of the Limited</u> (A | Liability Compa Florida Limited I | ny as it now appea Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Li | ability Company | were filed on | 10/13/2006 | and assigned |
| Florida document number L06000099 | 994 | | | |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | the limited liab | oility company her | <u>·e</u> : | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Lim | ited Liability Compa | any," the designation | n "LLC" or the abbreviatio |
| Enter new principal offices address, if applica | able: | 5944 Sand W | /edge Lane Un | |
| (Principal office address MUST BE A STREE | T ADDRESS) | Naples, FL 34 | 4110 | TEO TEO |
| Enter new mailing address, if applicable: | | | | ZI A |
| (Mailing address MAY BE A POST OFFICE) | BOX) | | | |
| | | | | TE TI |
| B. If amending the registered agent and/oregistered agent and/or the new registered of | | | our records, <u>ente</u> | r the name of the nev |
| Name of New Registered Agent: | Karen Char | ісу | | |
| New Registered Office Address: | 5944 Sand | Wedge Lane Ui | | |
| · | | En | ter Florida street d | nddress |
| | | Naples | , 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:

| | <u>Name</u> | Address | Type of Action |
|-------------|-------------------------------|--|--|
| | | | ☐ Add ☐ Remove |
| | | | □ Damarra |
| | | | D |
| | | | <u> </u> |
| | | | Add |
| | | | |
| f amen | ding any other information, o | enter change(s) here: (Attach additional sheet | ts, if necessary.) |
| _ | | | 2010 DEC 27 SECRETARY TALL AHASSI |
| | | | THE STATE OF THE S |
| d | | -, | |
| | | | |

Page 2 of 2

Filing Fee: \$25.00