LU7000005768

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| <u> </u> |
| Special Instructions to Filing Officer: |
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Office Use Only



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B. KOHR

AUG 1 1 2010

EXAMINER

COVER LETTER

| Division of | Corporations | | | | |
|------------------------|--|--|--|--|--|
| OUD VOOR | * Bolcor Cor | nmercial Flooring | | | |
| SUBJECT: | | Name of Limited Liability Company | | | |
| | | | | | |
| The enclosed Article | es of Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corn | respondence concerning this matter | to the following: | 10 | | |
| | | Kris Bollinger | 10 AUG -5 M 8: 46 | | |
| | | Name of Person | J 67.0 | | |
| | Bolo | or Commercial Flooring | 6. | | |
| | | Firm/Company | Ę, | | |
| | 10 | 11 Se El Dorado Pkwy | | | |
| | | Address | | | |
| | | Cape Coral FI 33904 | | | |
| | l | City/State and Zip Code | | | |
| | E-mail address: (i | .bollinger@bolcor.com to be used for future annual report no | tification) | | |
| For further informat | ion concerning this matter, please of | all: | | | |
| | Kris Bollinger | at (239) | 633-2571 | | |
| Ne | ame of Person | | ime Telephone Number | | |
| Enclosed is a check | for the following amount: | | | | |
| \$25.00 Filing Fe | e \$\sum \$\\$30.00 \text{ Filing Fee & Certificate of Status} | \$55.00 Filing Fee & Certified Copy (additional copy is enclos | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | AILING ADDRESS: egistration Section | Registration Sec | | | |
| Di | ivision of Corporations O. Box 6327 | Division of Corp Clifton Building | orations | | |
| Tallahassee, FL 32314 | | 2661 Executive | | | |

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| | <u>icor Commerciai Fiooring</u> | 9 | |
|---|---|---------------------------|------------------------|
| (Name of the Limited | Liability Company as it now appea Florida Limited Liability Company) | rs on our records.) | |
| (7) | Tiona Enmed Enoney Company) | | 0, |
| The Articles of Organization for this Limited Li | ability Company were filed on | 1/16/2007 | and assigned |
| | | | |
| Florida document numberL07000005 | , , , , , , , , , , , , , , , , , , , | | |
| This amendment is submitted to amend the follo | owing: | | |
| | | | |
| A. If amending name, enter the new name of | the limited liability company he | <u>re</u> : | |
| | | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited Liability Comp | any," the designation "LL | C" or the abbreviation |
| Enter new principal offices address, if applic | able: | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE) | | | |
| munic university Berry Oct 1102 | | | |
| | 4. | | |
| B. If amending the registered agent and/o | or registered office address on | our records, enter the | e name of the nev |
| registered agent and/or the new registered of | • | / | |
| | | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | | nter Florida street addre | |
| | Li | HOL THOUMA SHEEL HAME | עטי |
| | | , Florida | |
| | City | | 7in 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≠ Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------------|---|-------------------|
| Mgrm | David Eldridge | 500 ARBOR LN BURLESON TX 76028 | _ Add ✓ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | _□Add □Remove |
| | | | Add Remove |
| D. If amen | ding any other information | , enter change(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | - - |
| Dated | August 3 | | _ |
| | | /s/ KRĮS_B <u>OLL</u> ĮNGER | |
| | Signatu | re of a member or authorized representative of a member | |
| | | Kris Bollinger Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00