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**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Hi Def 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:		
(Name of Person)		
(Firm/Company)		
3020 Raja Polm Way		
Tallahassee Fl. 32309 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (850 Z51 – 617)  (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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



(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Z   Z   Z   Z and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	780 Teapl Polm way Tallahassee, Fl. 32309		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3020 Rayal Polm way Tallahassee, Fl. 32309		
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:	same as doore		
New Registered Office Address:	(Enter Florida street address)		
	Florida		
	(City) (Zin 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 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 Title Name | Address **Type of Action** ennis W. Smith 🗖 Add 🗖 Remove Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00