## L07000053230

<b>;</b>					
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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TALLAHASSEE, FLORIO

D. BRUCE

SEP 0 2 2008

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

. . .

SUBJECT: A to Z	Floors, LLC					•
	(Name of Lim	ited Liability Company)				_
	Amendment and fee(s) are sub indence concerning this matter	-	·			
	Jeffrey Headrick					
		(Name of Person)				
	A to Z Floors, LLC					
		(Firm/Company)				
	711 Penman Road					
		(Address)		<b>=</b>	0	
	Jacksonville Beach, FL 3	32250		EC.	08 AUG 29	C=7
	•	(City/State and Zip Code)		# T	JG 2	60100 7974a
For further information of	concerning this matter, please o	call:		SEE, FL	9 AHII: 2	4
Jeffrey Headrick		at ( 904 ) 444-8593		. S.	: 2	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	)A		
Enclosed is a check for t	he 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)			
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited )	A to Z Flo Liability Compar Florida Limited L	ors, LLC ny as it now appears on our recor liability Company)	<u>ds.</u> )			
The Articles of Organization for this Limited Lia Florida document numberL07000053230	ability Company	were filed onMay 18, 2007	and assigned			
This amendment is submitted to amend the follo						
A. If amending name, enter the new name of	the limited liab	<u>ility company here</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:		711 Penman Road				
(Principal office address MUST BE A STREET	<u> (ADDRESS)</u>	Jacksonville Beach, FL 32250	08 TAL			
			AUG 2			
Enter new mailing address, if applicable:		711 Penman Road	Ser 9			
(Mailing address MAY BE A POST OFFICE <u>F</u>	<u>30X)</u>	Jacksonville Beach, FL 32250	D FE STAIF.			
B. If amending the registered agent and/o registered agent and/or the new registered off			enter the name of the new			
Name of New Registered Agent:						
New Registered Office Address:	711 Penman	Road				
		(Enter Florida st	reet address)			
	Jacksonville B	each , Florida 32250				
		(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, <u>Signature of New Registered Agent</u>

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 **Type of Action** <u>Title</u> <u>Name</u> Address Edwin Irizarry Mgr 801 Grove Park Blvd ■ Add ■ 7 Remove Jacksonville, FL 32216 Stephen M Newell **⊞** ✓ Add Mgr 711 Penman Road Jacksonville Beach, FL 32250 Remove ■ Add Add Remove **□** Add Remove ∫ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 27 2008 Signature of a member or authorized representative of a member Jeffrey Headrick Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00