L'07000/19083

(Re	questor's Name	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status

Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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SECKLIARY OF STATE
TALLANASSEE, FLORIDA

11/09/12--01016--006 **25.00

COVER LETTER

COVERLETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Val Tech Flooring 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:	
Todd Vowell Name of Person	SEURE TALLAR
Val Tech Flooring LLC Firm/Company	ASSEL F
3020 N. Fulmer Clicke	PH 5: 37
Tallahassee FL, 37303 City/State and Zip Code	٠,
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Todd Vowell at (350) 294-4314	
Name of Person at (350) 294-4314 Area Code & Daytime Telephone Number	T-ALIFE

Enclosed is a check for the 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)

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

VAL IECH PLO	DRING LLC ity Company as it now appears on o	ur records.)
(A Florid	a Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>LO 700011908</u>		
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ticles of Organization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the li	mited liability company here:	•
The new name must be distinguishable and end with the w	vords "Limited Liability Company," the	ne designation "LLC" or the abbreviation
"L.L.C."		70.7
Enter new principal offices address, if applicable:	- -	
(Principal office address MUST BE A STREET ADD	DRESS)	1175

•		
Enter new mailing address, if applicable:		97 37 B
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the registered event and/or rea	rictored office address on our w	poords outer the name of the new
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Organization for this Limited Liability Company were filed on	
Name of New Registered Agent:		·····
New Registered Office Address:		
	Enter Florida street address	
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ross Pope	10025 Natural wells	
		dr. Woodville FL,	Remove
		37305	
	<u></u>		Add
		 	Remove
			2812 NO 35 CAL 1ALLAR
			
			-9 PH 5: 37
			5: 37 7: 37 08(9)
			ld
			move
			
			id
			move
			 /ld

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	11/8/12
	Det Untl
	Signature of a member or authorized representative of a member
	Todd Vowell
	Todal Vowell Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00