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(Requestor's Name)			
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SECRETARY OF STATE

C. LEWIS

APR 1 8 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

_{subject:} floor fx

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:

jatniel badell		
	Name of Person	
floor fx		
	Firm/Company	
11001 nw 12	23 st	
	Address	
medley, fl 33	3178	
·	City/State and Zip Code	
jbadellfx@gmail.c	om	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

jatniel badell

786 251-4214

Name of Person

Area Code & Daytime Telephone Number

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

FILED 13 APR 17 PM 1: 43

floor fx L LC (Name of the Limited Lia (A Flo	ability Company as it now appears of orida Limited Liability Company)	SECRETARY OF STATE nour recond. AHASSEE, FLORIDA
The Articles of Organization for this Limited Liabil Florida document number 108000029562	lity Company were filed on 3/24/	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>x)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
_	Cit.	, 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: FILED MGR = Manager MGRM = Managing Member 13 APR 17 PM 1: 43 Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 11755 sw 18 st apt 106 miami il 33175 **Title** <u>Name</u> Type of Action onier capo manager Remove Remove

D. If amending any other information, enter change(s)	
	FILED
	13 APR 17 PM 1: 4
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
-	OOLL, FLORIDA
Dated may 12 2013	,
Ala	-
	authorized representative of a member
jatniel badell	
Typed or r	printed name of signee

Page 3 of 3

Filing Fee: \$25.00