080000 99044

(Re	questor's Name)	
(Ad	dress)	
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(0)	101-1-171-101	
(Cit	y/State/Zip/Phone	∋ #)
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Certified Copies	Certificates	s of Status
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Office Use Only



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SECRETARY OF STATE
ALCRETARY OF STATE

M. THOMAS

DEC 1 8 2009

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CT: FL	ooring Ser	ruices of Fluited Liability Company	ri DA
	<u> </u>	Name of Limit	ted Liability Company	
			;	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Terry	Name of Person	
			Firm/Company	. 2
		13273 (A22Aro CT Address	TALLAHASSEE, FLORIGO
		Estero	City/State and Zip Code CTUSC. COM to be used for future annual report notifica	SSECTION TO
		7	City/state and Zip Code	tion)
		UACE TO	2 1705C. COM	······
		E-man address. (to be used for future aimidal report houries	5m R
For furt	her information o	concerning this matter, please o	all:	
	Crry	DALC /	at (<u>239</u>) <u>272-8</u> Area Code & Daytime T	182
		he following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

c/-2.7.4

(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number Los coco 99044	were filed on		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	20361 GrANDE OAKS BLUD		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 118-56		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20301 Grande DATE Bluck Suite 118-560 ESTero FL 33928		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:	F. A. Flavida da Jd.		
	Enter Florida street address		
	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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac	<u>tion</u>
MGRM	Keuin GAILAGHER	5205-3 Cedarboad DR FT. myers #C33919	_□ Add TRemove	
			Add Remove	
			Add Remove	
			Add Remove	
<u>_</u>			Add Remove	
			Add Remove	
D. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	-	
			-	
		TALLAH AHLAH	- 6	-n
Dated	Signature of a member	or authorized representative of a member	7	m
_	Terry D	or authorized representative of a member Or printed name of signee	AH II: 22	villedge, − e ^{et}

Page 2 of 2

Filing Fee: \$25.00