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"14 SEP 22 PH I2: 25 SECRETARY OF STAR FALLAHASSEE, FLORIC

COVER LETTER

Registration Section

Division of Corporations

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: JBS 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:
JACK B. Salada JR. Name of Person
JBS Flooring LC Firm/Company
1149 W. Old MUL Drive
DeHona Florida 32725 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JACK B. Salada JR. at 386 848-5408 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$\subseteq \text{Solon Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certifie
MAILING ADDRESS: 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 Company	as it now appears on our records.)	
(A Florida Limited Liz	ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on Linu wy 29	260 and assigned
Florida document number 10900009741	<u> </u>	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:		er the name of the new
		<u>}</u>
Name of New Registered Agent:		SEL
New Registered Office Address:		\$\$ 22 pm=
	Enter Florida street address	es 3 m
···········	, Florida	Code Sunday
New Registered Agent's Signature, if changing Registered Agent:	City	RIO.
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		•

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	David T. TASSORD	1149 N. oldmill Dr.	□ ∧dđ
		149 N. Oldmill Dr. Dettona, Fl. 32725	Remove
			☐ Remove
			🗖 Add
			□ Remove
			Remove 14 SEP 2: TALLAHAS
			SSEE FLORIDA
			25 RIDA
			D Add
			□ Remove

amending any other information, enter change(s) he	, , , , , , , , , , , , , , , , , , , ,
-	
 	
fective date, if other than the date of filing:	(optional)
e effective date must be specific, cannot be prior to date of receipt o	(optional) r filed date and cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt of e date this document is filed by the Florida Department of State)	(optional) r filed date and cannot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt of the date this document is filed by the Florida Department of State)	(optional) r filed date and cannot be more than 90 days after Lodo A
Frective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt of the date this document is filed by the Florida Department of State) ated Signature of a member of an	(optional) r filed date and cannot be more than 90 days after . thorized representative of a member

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