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D. BRUCE AUG 27 2009

**EXAMINER** 

## **COVER LETTER**

10:	Division of Cor			•	
SUBJE	CT:				
·		Ekberg Floor & Wall Solutions, LLC  Name of Limited Liability Company			
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please r	return all correspo	ondence concerning this matte	r to the following:		
			Daniel A. Ekberg		
			Name of Person		
		Ekberg	Floor & Wall Solutions, LLC	<u></u>	
			Firm/Company		
P.O. Box 1052		P.O. Box 1052			
			Address		
		•	Sorrento, FL 32776	As o	
		<del></del>	City/State and Zip Code	9 AL	
		dekt	perg@ekbergstucco.com (to be used for future annual report notification)	09 AUG 26 SECRETAR)	
For furt	her information o	concerning this matter, please		1.11	
		niel A. Ekberg	at ( 407 ) 948-1918  Area Code & Daytime Telephone Nur	DRI :+	
				;	
Enclose	ed is a check for the	he following amount:	•		
<b>□\$</b> 25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S: : : : :	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ekberg Floor & Wa	all Solutions,	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0900061612	were filed on	June 25, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company her	<u>·e</u> :	
Ekberg Stu			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	nny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:	33405 Terrag	ona Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Sorrento, FL	32776	BE B
Enter new mailing address, if applicable:	P.O. Box 105	2	26 AMII
(Mailing address MAY BE A POST OFFICE BOX)	Sorrento, FL 32776		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	ter Florida street addr	
	City	, Florida	Zip Code
	City		Lip 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 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** Title **Name** Address Daniel A. Ekberg MGRM 33405 Terragona Dr. ✓ Add Remove Sorrento, FL 32776 Jeanette M. Ekberg 33405 Terragona Dr. MGRM **✓** Add Remove Sorrento, FL 32776 ☐ Add ☐ Remove Remove ∏Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_22 August Signature of a member or authorized epresentative of a member Daniel A. Ekberg Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00