

L09000087/65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**A. LUNT**

MAR 26 2010

**EXAMINER**

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03/25/10--01041--002 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAR 25 AM 11:48

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL Surface floor Covering 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:

David Brown  
Name of Person

ALL Surface floor Covering LLC  
Firm/Company

1000 Douglas Ave apt 35  
Address

Altamonte Springs Fla. 32714  
City/State and Zip Code

all Surface floor Covering @ yahoo  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Brown at (407) 937-8028  
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**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9-9-2009 and assigned Florida document number L09000087165.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1000 Douglas AVE  
Altamonte Springs  
Fla. 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

David L Brown

New Registered Office Address:

1000 Douglas AVE apt 35  
Enter Florida street address

Altamonte Springs, Florida 32714  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sharon Brown	1000 Douglas AVE Apt 35 Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	David Brown	1000 Douglas AVE Apt 35 Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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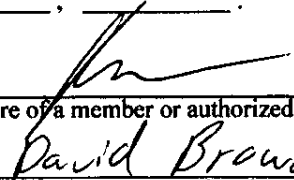


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Dated 3-18-2010

  
 Signature of a member or authorized representative of a member  
 David Brown  
 Typed or printed name of signee