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D. BRUCE

OCT 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jace Howard Wood Flooring L.L.C. 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:
Panela J. Nelson Name of Person
Jace Howard Wood Flooring LLC
4500 Appleton Ave Ste 1
Jacksonville, FL 32210
Jackson ville, FL 32210 City/State and Zfp Code dore 4700@bellsouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Panela J. Nelson Name of Person at (904) 389-3336 ST
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Jace Howard M (Name of the Limited Liability Co. (A Florida Lim	lood Flooring	19 L. L.C.	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on ited Liability Company)	oud records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 090009 29</u>	pany were filed on Sep	7. 25,2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	l liability company here:		
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>	
• •			
		30 SSE	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u>5</u> = D	
		ATE RIDE	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	Pamela J. Nelson	4700 Ortega Blvd Jackson ville, FL 32210	Add Remove
		32210	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary	~*************************************
			O9 SEP 30 PM
Dated Se	otember 29, 200	9.	D I: 18 ORIDA
-	Signature of a member of a mem	or futhorized representative of a member J. Nelson or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00