

L10000001162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

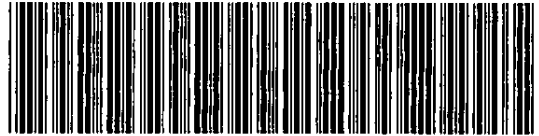
Special Instructions to Filing Officer:

A. LUNT

MAY 11 2010

EXAMINER

Office Use Only



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05/07/10--01046--006 **25.00

FILED
2010 MAY -7 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Pro Custom Flooring Company
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:

James Travis Harvey

Name of Person

All Pro Custom Flooring Company

Firm/Company

10554 Etheridge Rd

Address

Pensacola, FL 32506

City/State and Zip Code

Pensacola, Florida,

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

James T. Harvey

Name of Person

at (850)

712-4724

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**

All Pro Custom Flooring LLC

(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 01/29/2010 and assigned
Florida document number L10000011162.

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 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)

10554 Etheridge Rd

Pensacola, FL 32507

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: James T. Harvey

New Registered Office Address: 10554 Etheridge Rd.

Enter Florida street address

Pensacola

, Florida

32507

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

MGR

James T. Harvey

10554 Etheridge Rd.
Pensacola, FL 32507

☒ Add
☐ Remove

MGR

Timothy A Burson, Sr.

1715 Dr. Luther King Jr. Drive
Pensacola, Florida 32503 US

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

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

4-22-2010


Signature of a member or authorized representative of a member
Timothy A. Burson, Sr.
Typed or printed name of signer

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Filing Fee: \$25.00