

#L 10000042618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

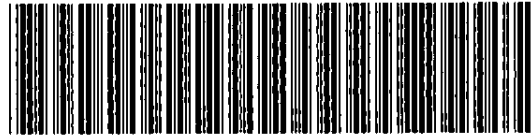
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 FEB 20 PM 2:09
1920 N. W. 10TH AVE
SUITE 1000
MIAMI, FL 33136

FILED
2013 FEB 20 PM 2:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

K. SALY
EXAMINER
FEB 20 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Airborne 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:

Misty Attewell
Name of Person

Airbor
Firm/Company

13 Bay Pine Dr.
Address

CRAWFORDVILLE, FL 32327
City/State and Zip Code

airborneflooring@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (____) _____
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

FILED
13 FEB 20 PM 2:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Airborne 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 4/21/10 and assigned
Florida document number L10000042618.

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) _____

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Address</u>	<u>Type of Action</u>
owner	John W. Brawn	13 Bay Pine Dr.	<input type="checkbox"/> Add <i>Leave on</i>
	Stays the same	CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Remove
		All same addresses	
MGRM	Jeffery Yang	13 Bay Pine Dr.	<input type="checkbox"/> Add
	Diff. Address	CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Remove <i>Leave on</i>
	it was wrong	Address	
		<u>Same Address</u>	
MGRM	Devin Pfister	13 Bay Pine Dr.	<input checked="" type="checkbox"/> Add
		CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Remove
MGRM	Misty Atwell	13 Bay Pine Dr.	<input type="checkbox"/> Add
		CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Remove
MGRM	Blanken Brawn	13 Bay Pine Dr.	<input checked="" type="checkbox"/> Add
		CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Remove
MGRM	Jessery Yang	Change Address	<input type="checkbox"/> Add
		13 Bay Pine Dr.	<input checked="" type="checkbox"/> Remove <i>Change Address</i>
		CRAWFORDVILLE, FL 32327	

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

Dated Feb 20, 2013.

Misty Attewell

Signature of a member or authorized representative of a member

Misty Attewell

Typed or printed name of signee

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Filing Fee: \$25.00