

L10000070076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 26 PM 2 08

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTISTIC FLOOR DESIGNERS 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:

VICTOR BOSTWICK
Name of Person

ARTISTIC FLOOR DESIGNERS LLC
Firm/Company

9029 US HIGHWAY 19
Address

PORT RICHEY FLORIDA 34668
City/State and Zip Code

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 26 PM 2:08

FILED

For further information concerning this matter, please call:

VICTOR BOSTWICK at (727) 992-0227
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**

ARTISTIC FLOOR DESIGNERS 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 07/1/2010 and assigned
Florida document number L10000070076.

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)

9029 US HIGHWAY 19
PORT RICHEY
FLORIDA 34668

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9029 US HIGHWAY 19
PORT RICHEY
FLORIDA 34668

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:

PANSY BOSTWICK

New Registered Office Address:

9029 US HIGHWAY 19

Enter Florida street address

PORT RICHEY, Florida 34668

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.

Pansy Bostwick

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

Title	Name	Address	Type of Action
MGR	PANSY BOSTWICK	9029 US HIGHWAY 19 PORT RICHEY FLORIDA 34668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR OPERATING MANAGER	PANSY BOSTWICK	9029 US HIGHWAY 19 PORT RICHEY FLORIDA 34668	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PANSY BOSTWICK	9029 US HIGHWAY 19 PORT RICHEY FLORIDA 34668	<input checked="" 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

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

MEMBER INTERESTS FOR PANSY BOSTWICK \$50.00
WHICH IS 50% OF THE BUSINESS FOR PANSY
BOSTWICK

Dated 1/24/2012

Pansy Bostwick Victor K Bostwick
Signature of a member or authorized representative of a member

PANSY BOSTWICK Victor K Bostwick
Typed or printed name of signee

FILED
2012 JAN 25 PM 2:00
CLERK OF COURT
ALABAMA DISTRICT COURT
SHELBY COUNTY