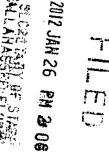
(Re	equestor's Name)
(Ac	ddress)
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PICK-UP	MAIL MAIL
(Bu	usiness Entity Name)
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COVER LETTER

	tration Section ion of Corporations	
SUBJECT: _	ARTISTIC FLOOR DESIGNERS LLC Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return al	Il correspondence concerning this matter to the following:	
	VICTOR BOSTWICK Name of Person	
	ARTISTIC FLOOR DESIGNERS LLC Firm/Company	
	9029 US HIGHWAY 19	
	PORT RICHEY FLORIDA 34668 City/State and Zip Code	
	artisticfloordesigners @amail.com E-mail address: (to be used for witure annual report notification)	ļ
For further info	rmation concerning this matter, please call:	
VICTOR	Name of Person at (727) 992 -0227 Area Code & Daytime Telephone Number	
Enclosed is a ch	heck for the following amount:	
\$25.00 Filin	rig Fee	

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 LAC

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

(A Florida Limited Liability Company)

(A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000070076</u>	were filed on 07/1/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	, , , , , , , , , , , , , , , , , , ,
Enter new principal offices address, if applicable:	9029 US HIGHWAY 19 PORT RICHEY
(Principal office address MUST BE A STREET ADDRESS)	PORT RICHEY
•	FLORIDA 34668
Enter new mailing address, if applicable:	9029 USHIGHWAY19
(Mailing address MAY BE A POST OFFICE BOX)	PORT RICHEY
	FLORIDA 34668
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: PANSY	BOSTWICK
New Registered Office Address: 9029 U	SHIBHWAY 19 Enter Florida street address
PORT A	City, Florida 3468 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pl being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or. if this document is

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR'= Manager

MGRM = Managing Member Address Type of Action Title Name PANSY BOSTWICK MGRM Remove 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00