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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wood Floors For Life 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:

Laurence Caro
Name of Person

~~WFL~~
Firm/Company

425 N.W. 82nd St #2
Address

Miami, FL 33138
City/State and Zip Code

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

For further information concerning this matter, please call:

Laurence Caro at 786, 486-1877
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

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The Home Renovation Network, LLC
(Name of the Limited Liability Company or its successor)

The Articles of Organization for this Limited Liability Company were filed on 7/19/10 and assigned Florida document number C2000075493.

Page 1 of 2

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>
MGRM	Myra Novak	9855 S.W 166th St Miami, FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jocel Ortiz	1995 N.W 48th St Miami, FL 33142	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated June 21, 2011

Signature of a member or authorized representative of a member
Laurence Lamp
Typed or printed name of signee