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2011 JUN 28 開始 DE SECRETARY OF STATE TALLAMASSEE, FLORIO

T. CLINE

JUN 29 2011

EXAMINER

COVER LETTER

1O: Registration Section Division of Corporations
SUBJECT: Wood Floors for Ufc UC 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
Firm/Company
425 N.W 82ncf St#2
Migmi FL 33/38 City/State and Zip Code
E-mail address: (to be used for future applyal report notification)
For further information concerning this matter, please call:
Laurence Caro at 76 48-1877 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Me Home Renconsultation (Name of the Limited Liability Compa	Wation Network,	<u>uc</u>
(Name of the Limited Liability Compa (A Florida Limited Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Migmi, FL 33/36	5+ #2 \$
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	2011 JUN 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the n	SIA C
Name of New Registered Agent:	22	02
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zir	r c <i>oae</i>

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:

7

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Type of Action Address** MGRM Myra Novak MGRM Joel Ortit 9855 5.W 166+4 St ☐ Add Remove ■Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00