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B. KOHR

NOV - 1 2010

EXAMINER

DIVISION OF CORPORATIONS
10 OCT 28 AM '9: 50

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RER FLOORING LAC 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:
The enclosed Afficies of Amendment and fee(s) are submitted for fining.
Please return all correspondence concerning this matter to the following:
Remover L. Davis Name of Person Representation Representati
RAR FLOORING LLC
911 PELICAN PL. Address
PCI3 FL. 32407 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rome of Person at (850) 238-6555 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \$8-19-201 and assigned. Florida document number \$1.00000 8.72.09 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 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: P. B. Florida 32407 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	(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.)
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 "LLC." 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: PCB Florida 32407 Zip Code New Registered Agent's Signature, if changing Registered Agent:	(A Florida Limited Li	lability Company)
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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: PCB City New Registered Agent's Signature, if changing Registered Agent: New Registered Agent's Signature, if changing Registered Agent:		
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Name of New Registered Agent: New Registered Office Address: New Registered Office Address: PCB City New Registered Agent's Signature, if changing Registered Agent:	(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: PCB City New Registered Agent's Signature, if changing Registered Agent:		
Name of New Registered Agent: New Registered Office Address: Manual Office Address		
New Registered Office Address: Pelican Place Enter Florida street address	registered agent and/or the new registered office address here	¥
New Registered Office Address: Pelican Place Enter Florida street address	Name of New Pagistanad Agents V/	e TERRV
Enter Florida street address PCB	21/	A / in a Diagram
PCB , Florida 32407 City , Florida 32407 Zip Code New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	Finter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	00	
New Registered Agent's Signature, if changing Registered Agent:		バー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
	New Registered Agent's Signature, if changing Registered Agent:	·

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

	MGRM =	Managing Member	•	
	<u>Title</u>	<u>Name</u>	Address	Type of Action
	MGR	RONNIE L-PAUIS	911 BELICAN PL: FCB FL: 32407 850-238-6555	Add Remove
				Add Remove
tg	ENT	CRISTOPHER RYAN	CY 911 PEliCAN PL.	A dd Remove
	<u>M 5</u> p	L cristopher R YAT	UCY 91) PESICAN PL. PCB FL. 32407	Add Remove
				Add Remove
				Add Remove
	D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_	CRISTOPHER	R. VANCY 15	_
	_	TO be Listed	R. YANCY 15 AS AGENT A150	_ _
	_			-
	_			_ _
	Dated	25 of Oct., 201	<u>0</u>	•
		Romin Li	Davis	
			r authorized representative of a member	
		Ron/N/2 L Typed or	DAUIS r printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00