L1000093843				
(Requestor's Name) (Address) (Address)	700187226637			
(City/State/Zip/Phone #)	11/03/1001006008 **25.00			
(Document Number)	FILED 10 NOV - 3 AH B: 41 SECRETARY OF STATE ALLAHASSEE, FLORIDA			
Office Use Only	D. BRUCE NOV 4 2010 EXAMINER			

COVER	LETTER
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TO: Registration Section Division of Corporations
SUBJECT: David ROSS Floor Covering 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:
David ROSS Name of Person
David Ross Floor Covering LLC
171 Maness Rol. Address
Venice, Fl 34293 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
David ROSS at (765) 698-8034   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:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle
Tallahassee, FL 32314 Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Double Ross Floor Covering L-L-C (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 <u>9-8-2010</u> and assigned Florida document number <u>L1000093843</u>.

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."

Diego

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

		, Florida
New Registered Office Address:	Enter Fl	orida street address

## 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

Page 1 of 2

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

MGR = Manager MGRM = Managing Member

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<u>Title</u>	1	Name	Address	Type of Action				
Me	1B	David Ross	171 maness Rd. Venice, FL 34293	_ LAdd Remove				
				Add Remove				
				_ Add _ Remove				
				Add Remove				
			•	Add Remove				
	. <u></u>			Add Remove				
			<b>) here:</b> (Attach additional sheets, if necessary.)					
Please	od <u>M</u>	y FEI/EIN Numbe	r is 1000009384	3				
			90-0607672	HO NOV				
				FIL ONOV - 3				
	<u></u>							
Date	d	ovember 1st, 201	0.					
		David Bass						
		David Ros	authorized representative of a member					
	_	Typed or	printed name of signee	<u></u>				
Page 2 of 2								
Filing Fee: \$25.00								