Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000040837 3)))



H11000040837348CV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporatione

Pax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

TE CEIVED I FEB IS PH 4: 32 ECRETARY OF STATE LAHASSEE. FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESIGNER FLOORS BY NICKEL TILE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu





## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION

DESIGNER FLOORS BY NICKEL TILE, LLC

**OF** 

(A Florida Limited Lia	bility Company)	ZIC O ULT ECOTUST/	
The Articles of Organization for this Limited Liability Company w	vere filed on	11/10/2010	and assigned
Florida document numberL10000117743	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
,			
Enter new mailing address, if applicable:			<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)		****	
	P		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		records, <u>enter the</u>	name of the new
Name of New Registered Agent:			<del></del>
New Registered Office Address:		_	
	Enter Florida street address		
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			•
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple.			

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 mounding the Managers of Managing Manchers on our records, substribe title, name, and address of each Manager or Managine Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	<u>Alfrica</u>	Type of Action
MGRM	APRIL SMALLWOOD	4624 E HWY 329 ANTHONY, EL 32617	Add
			Add  Remove
			Add Regeove
·	<u> </u>		Add Roman
<del></del>			Add Remove
			[Add
D. Hamendi	ng any other information, exter shange	(s) heren (Attach additional sheets, if necessary)	<b>-</b>
**************************************			<del>-</del>
Detect	And Snel	Third	
a	•	amportant tablesculative of a member	<u> </u>
-	APRI Voce o	L SMALLWOOD  printed name of cignae	g
	,,,	See a see and	

SECRETARY OF STATE VISION OF CORPORATION OF CORPORA

Page 2 of 2

Filling Febr \$25.00