

L110000012222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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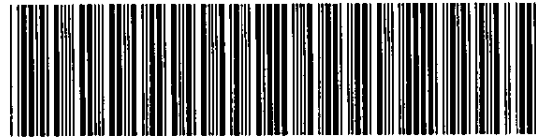
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 27 AM 9:54

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Gulligan JAN 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayside Flooring 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:

Stephen Hosford
Name of Person

Firm/Company

3159 Lakeshore Dr
Address

Tall, Fl. 32312
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Hosford at (850) 591-9490
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 JAN 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bayside Flooring LLC

(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 1-31-11 and assigned
Florida document number L11000012222.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dependable Quality Flooring LLC

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)

3159 Lakeshore Dr.
Tall, Fl. 32312

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:

Stephen W. Hostford

New Registered Office Address:

3159 Lakeshore Dr.

Enter Florida street address

Tallahassee, Florida 32312

City

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 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 605, 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.

Stephen Hostford

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stephen HASTARD	3159 HALLSLOPE DR TALL, FL 32312	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> change
MGR	Brian STEPHENSON	192 RIVER RD CARROLLVILLE, GA 30222	<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
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			<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.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated _____

Stephen Hosford

Signature of a member or authorized representative of a member

Stephen Hosford

Typed or printed name of signee

FILED
2014 JAN 27 AM 10: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA