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SECRETARY OF STATE
TAIL AHASSEE, FLORID.

C. LEWIS

SEP -5 2012

EXAMINER

## **COVER LETTER**

TO: Registration Secti Division of Corpo	
SUBJECT:	Easy Fley Coplings, LLC Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Linda Cofaro  Name of Person
	Easy Flex Coplings, LLC Firm/Company
	11604 Arbor Gate Dr
<i>:</i>	Clermont, FC 34711 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
Linda (ofa Name of P	at (352) 342-4585 erson Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee [	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, 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

OF (Name of the Limited Liability Company as it now appears on our records, LLAHAS (A Florida Limited Liability Company) Florida document number L110000 25038 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, 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: Enter Florida 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.

City

, Florida \_

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:

MGR = Manager MGRM = Managing Member **Title** Name | Address **Type of Action** Richard R. Hayslett MGRM 3701 XI Add Remove ☐ Add ☐ Remove Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Louwersheimer

Sharon

Filing Fee: \$25.00