L110000028418

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phor	ne #)
	_	
PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	ime)
(Doc	cument Number)
Certified Copies	Certificate	es of Status
Special Instructions to I	Eiling Officer	
Special instructions to i	ling Officer.	
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	Α	. LUNT
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	EX	AMINER

Office Use Only



300236598543 LLANASSEE FLORIDA

06/25/12--01013--008 **25.00

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	American Pi	emier Flooring LLC		
		ted Liability Company		
	of Amendment and fee(s) are sul	-		
		Jeff Yrttima		
		Name of Person		•
	Ameri	can Premier Flooring	LLC	F. 23
Firm/Company				
PO Box 221				
	Address		· 연설 대	
	New	Smyrna Beach, FL 32	170	
		City/State and Zip Code	714	· · · · · · · · · · · · · · · · · · ·
	americar E-mail address: (premierflooring@yaho to be used for future annual repo	oo.com	7.4
For further informatio	n concerning this matter, please of	all:		
•	Jeff Yrttima	at (386)	334-4894	
Nam	e of Person		Daytime Telephone Numbe	r'
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is en	closed) Certified	ate of Status &
MA	ILING ADDRESS:	STREET/C	OURIER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ameri	ican Premie	r Flooring Ll	_C		
(Name of the Limited I (A F	Liability Compan Florida Limited Li	y as it now appear ability Company)	rs on our records.		
The Articles of Organization for this Limited Lia	bility Company v	were filed on	March 7, 2011	and assigned	
Florida document numberL110000284	118				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liabil	lity company her	<u>'e</u> :		
<u> </u>			_		
The new name must be distinguishable and end with	the words "Limit	ed Liability Compa	ıny," the designation	"LLC" or the abbreviation	
"L.L.C."					
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)			Signature to the state of the s	
				men T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 221		-F	
		New Smyrna Beach, FL 32170			
			····		
B. If amending the registered agent and/or	· ragistared off	oo addrass on a	um macanda antam	the name of the new	
registered agent and/or the new registered offi			our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Jeff Yrttima			900.00	
New Registered Office Address:	New Registered Office Address: 144 Oak Ridge Ave, B Enter Florida street address				
					
	E	dgewater	, Florida _	32132	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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.

f Charteing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Tony Smith	1500 Ray Lyn Dr	Add
		New Smyrna Beach, FL 32168	Remove
MGR	Jeff Yrttima	PO Box 221	✓ Add ☐ Remove
		New Smyrna Beach, FL 32170	Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary)
			THE THE
			2 July 25
Dated	June 18	. 2012	M 9. FJ
	KIL 2	f a member or authorized representative of a member	9 45
		Jeff Yrttima	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00