## LII 000075307

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## **COVER LETTER**

	Registration S Division of Co				
CHBIC		JY FLOORS, LLC			
SUBJEC	.1;	Name of Lim	ited Liability Company	****	
The enclo	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all corres	pondence concerning this matter	to the following:		
		SAMUEL L. LEPRELL			
			Name of Person		
		SAMUEL L. LEPRELL, A	ATTORNEY & COUNSELOR A	TLAW	
			Firm/Company		
		1930 SAN MARCO BLVI	D. SUITE 201		
			Address		
		JACKSONVILLE, FLORI	DA 32207		
			City/State and Zip Code		
		calvin@carpetone.me			
		E-mail address: (	to be used for future annual report no	tification)	
For further	er information	concerning this matter, please ca	all:		
Sam LePrell		904 390-2705			
	Name	of Person		me Telephone Number	
Enclosed	is a check for	the following amount:			
	00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60 00 Filing Fee	
<b>3 727.</b>	ov i iiing i cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addr Registration		Street Address: Revistration S	ection	
		Corporations			
	P.O. Box 63		Name of Person  L. ATTORNEY & COUNSELOR AT LAW  Firm/Company  LVD. SUITE 201  Address  ORIDA 32207  City/State and Zip Code  ss: (to be used for future annual report notification)  se call:  at (		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES **#**F AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST BUY FLOORS, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 06/29/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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		
		9217
Enter new mailing address, if applicable:		10
Mailing address MAY BE A POST OFFICE BOX)		
	_	
		•• (J1
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ros · · ·	
	, Florid	aZip 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BONNIE FENWICK	P O BOX 56110	
		JACKSONVILLE, FLORIDA 32241	□Remove
			□Change
MGR	CALVIN MODLING	P O BOX 56110	Add
		JACKSONVILLE, FLORIDA 32241	Zen Add D D Remove 3
			OChange N
MGRM	BONNIE FENWICK	P O BOX 56110	
		JACKSONVILLE, FLORIDA 32241	Remove
		<del></del>	□Change
MGRM	CALVIN MODLING	P O BOX 56110	□Add
		JACKSONVILLE. FLORIDA 32241	■Remove
			□ Change
			□Add
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e: If the date inserted	I in this block does not meet	the applicable statu	tory filing requirement	s. this date will not be li	istec
ument's effective dat	e on the Department of State	's records.			
cord specifies a delay i filed.	ed effective date, but not an o	effective time, at 12	:01 a.m. on the earlier	of: (b) The 90th day af	ter i
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Filing Fee: \$25.00

Typed or printed name of signee