L11000085972

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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BRAUN HA	RDWOOD FLOORS L Name of Limited Liability Company	LC
The enclosed Articles of Amendment and the Please return all correspondence concerning	-	
riease return an correspondence concernin	g this matter to the tonowing.	
DAV	1D BRAUN Name of Person	
BRA	UN HARDWOOD FLO	IORS LLC
3590	OLAY BRICK ROAD	, UNIT 53B
HAR	MONY, FLORIDA 34 City/State and Zip Code Inhardwoodfloors (agi	773
<u>brau</u>	IN hava wood (oors ag)	mail. com
For further information concerning this ma	•	incation,
DAVID BRAUN	at (407, 569 7	900
Name of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the following amou	unt:	
\$25.00 Filing Fee	ng Fee & © \$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	Registration Secti	on
Tallahassee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAUN HARDWOOD FL	ORS LLC
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number 11000085972	e filed on $\frac{07/26/2011}{}$ and assigned
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 contain the words "Limited Liability Co	ompany," 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 RE A POST OFFICE ROY)	- 11
(Mailing address MAY BE A POST OFFICE BOX)	3 0
-	÷. ~
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	JUSTIN BRAUN	3599 CLAY PARICK RD, 53	B □ Add
MGRM		HARMONY, FL 34773	Remove
			Change
MGRM	ANTOINETTE BRAUN	3599 CLAY BRICK RD, 53	B 🗆 Add
		HARMONY, FL 34773	Remove
			Change
			🗆 Add
			Remove
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an effective date	, if other than the da e is listed, the date must bute inserted in this block	e specific and car	nnot be prior to da	ite of filing or more t	han 90 days after tiling	.) Pursuant to 605.0207 (
	ective date on the Depa			,	,	
	ecifies a delayed e lay after the recor		e, but not ar	n effective time	e, at 12:01 a.m.	on the earlier of:
oated 02_/	101		2019			
	101 Duvis	172				
	David		uuv		member	

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Typed or printed name of signee

Filing Fee: \$25.00