

L11000114810

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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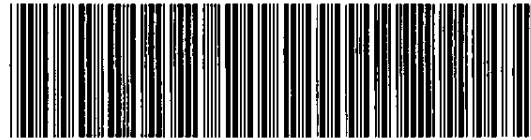
Special Instructions to Filing Officer:

**L. SELLERS**

OCT 18 2011

**EXAMINER**

Office Use Only



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10/17/11--01030--020 \*\*25.00

**FILED**

11 OCT 17 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



A Legal Professional Association

Amy E. Brown  
Direct Dial: 513-977-3486  
Direct Fax: (513) 762-0037  
abrown@katzteller.com

October 12, 2011

Florida Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: Kid Flooring Source, LLC**

Dear Ladies & Gentlemen:

Attached for filing, in duplicate, are the Articles of Amendment of the above entity. Also enclosed is our firm's check in the amount of \$25.00 to cover the requisite filing fee. Upon completion, please return evidence in the envelope provided.

Should you have any questions please call me.

Sincerely,

A handwritten signature in cursive script that reads "Amy Brown".

Amy E. Brown  
Corporate Paralegal

Enclosures

cc: John R. Gierl, Esq. (w/o enc)

KTBH: 4829-0955-4700, v. 1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kid Flooring Source, 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:

Amy Brown  
Name of Person

Katz Teller Brant Hild  
Firm/Company

255 E Fifth St Ste 2400  
Address

Cincinnati OH 45202  
City/State and Zip Code

cstacy@katzteller.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Brown at ( 513 ) 977-3486  
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**

Kid Flooring Source, 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 October 6, 2011 and assigned Florida document number L11000114810.

This amendment is submitted to amend the following:

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

Kids Flooring Source, 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)***

**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:

**, Florida**

City

**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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**FILED**  
11 OCT 17 PM 3:58  
CLERK  
SECRETARY OF STATE  
TALLAHASSEE, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated October 12, 2011.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member

Jim Banks, Manager  
 Typed or printed name of signee