## L11000114810

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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Kids 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 Street Suite 2400 Address Cincinnati OH 45202 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy Brown 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

Kids Flooring Source, LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our record liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L11000114810	were filed on 10/06/2011	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1580 Beverly Drive	7. 2
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33764	2913.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		THE E E STATE ANASSEE FLORIB
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida stre	et address
·	, Flori	
	City	Zip 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 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 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>	Name	Address	Type of Action
MGR	Mitchell Brumlow	PO Box 2257	Add
		Calnoun GA 30703	Remove
MGR	Mitchell Brumlow	5349 Carthage Avenue	Add
		Cincinnati OH 45212	Remove
			Add
		TALL. AHA	Remove
		SSEE, E. ORID	26 Add Remove
			Remove
			Add
			Remove

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
Dated Jul	ly 2013	
	West Miles	
	Signature of a member or authorized representative of a member	
	Jim Banks, Manager 1	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	

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