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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

N. Culligen NOV 15 20111

COVER LETTER

•	Corporations			
SUBJECT:		RING AND CABINE	TRY; LLC	
	Name of L	imited Liability Company		
The enclosed Article	es of Amendment and fee(s) are	submitted for tinng.		
Please return all corr	respondence concerning this ma	itter to the following:		
				•
		Can Making		
	10 100 11 11 11 11 11 11 11 11 11 11 11	Gary Deluca Name of Person		
		The state of the s		
	SPECIALTY	FLOORING AND CAB	INETRY, LLC	
		Firm/Company	,	
		101 Glades Rd		
		Address	· ·	
		Boca Raton, FI 33432	, .	
		City/State and Zip Code	·	• •
	•	gd628@aol.com		. ,
	E-mail addre	ss: (to be used for future aumual rep	ort notification)	•
Fire a discondinue in Frances	ion concerning this matter, plea	an call:		
POF. THEMET HIJOTHIAL	ion concerning uns matter, piea	Se call.		
••	Gary Deluca	at (954)	609-8348	
. No	ane of Person		Daytime Telephone Number	i.
			• •	
	•		• • • • • • • • • • • • • • • • • • • •	. ,
Enclosed is a check	for the following amount:			
✓ \$25.00 Filing Fe	e \$30.00 Filing Fee &		\$6 0.00 Fi	ling Fee,
	Certificate of Statu	S Certified Copy (additional copy is e		ate of Status & d Copy
		(nal 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

FILED

1 NOV 14 PM 2: 21

		11 MAN 17	PH 2: 24
SPECIALTY FLOORING (Name of the Umited Liability Compa	AND CABINE		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appear Clability Company)	* ON OHIT TOPPETED AHASSE	E, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	10/25/2011 an	d assigned
Florida document number L11000121885			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	oliity company hen	Ye:	
TI SINCHOOLING INSTITUTE TO THE PRINTER OF THE TRAINING WAS	ALLEY OF MICHAEL MEDICAL MEDIC	r.	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:	101 Glades R	load	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, I	FL 33432	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, <u>enter the na</u>	me of the new
Name of New Registered Agent:	<u></u>		
New Registered Office Address:			
	En	ter Florida street address	
		, Florida	
	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agent	i		
I hereby accept the appointment as registered agent and age the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance provided for in Cl	of my duties, and I am fam hapter 608, F.S. Or, if this	iliar with and document is
If Cha	nging Registered Age	ent, 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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	JEFF ENGLEHARDT	101 Glades Road Boca Raton, El., 33432	Add Remove
			Add Remove
			Add Remove
 			Add Remove
			Add Remove
			Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	FILED 11 NOV 14 PH 2: 24 SECTOLIATE SECTORIDA TALLAHASSEE, FLORIDA
Dated	November 7	2011 Letter of a member	1 2: 24 FLORIDA
		Gary Deluca /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00