

JAN-11-2011 17:13

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AIT PLUS CONSULTING
Account Number : 120080000061
Phone : (407) 582-9830
Fax Number : (407) 582-9832

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNLIMITED FLOORING, LLC

Certificate of Status	0
Certified Copy	0
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12 JAN 12 AM 7:01

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12 JAN 12 PM 1:59

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Corporate Filing Menu

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G. MCLEOD

JAN 13 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNLIMITED FLOORING, 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:

MARIA PINHEIRO

Name of Person

AIT PLUS CONSULTING, LLC

Firm/Company

8421 S ORANGE BLOSSOM TRAIL # 109

Address

ORLANDO, FL 32809

City/State and Zip Code

maria@aitplus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

Name of Person

at (407)

582-9830

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**

UNLIMITED FLOORING, 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 01/10/2012 and assigned
Florida document number L12000005278.

This amendment is submitted to amend the following:

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

TOWN OF FLOOR, 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)

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TALLAHASSEE, FLORIDA

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

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 Changing Registered Agent, Signature of New Registered Agent

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:

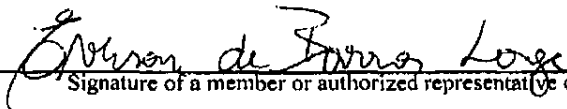
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	THIAGO DA SILVA	919 WINDROSE DRIVE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ELIAS DE BARROS LAGE	919 WINDROSE DRIVE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANDRIUS R LAGE	919 WINDROSE DRIVE ORLANDO, FL 32824	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YOMAIRA SANTIAGO	919 WINDROSE DRIVE ORLANDO, FL 32824	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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 DECEMBER, 11, 2012



Signature of a member or authorized representative of a member

EVERSON D LAGE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00