Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000139072 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 TOWN OF FLOOR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE
MAY 25 2012
EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration So Division of Coa			·		
SUBJECT:	TOWN C	F FLOOR, LLC			
		ted Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		MARIA PINHEIRO	·	_	
		Name of Person			
	AIT PLUS CONSULTING, LLC				
	Firm/Company 8421 S ORANGE BLOSSOM TRAIL # 109 Address			_	
				_ 	
		NO ANDO EL 22000		SES SES	
	ORLANDO, FL 32809 City/State and Zip Code			一条剂。	#¥ ₃₀ ,,
		maria@aitplus.com			Bearings (Bearings)
	E-mail address: (to be used for future annual repo	ort notification)	24 J	ilaridari E
For further information of	concerning this matter, please o	call:		F SEA	E Comp
MAF	RIA PINHEIRO	at (407)	582-9830	\$ mo	
Name o	of Person	Area Code &	Daytime Telephone Nun	nber	
Enclosed is a check for t	he following amount:	,			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certinoclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is encl	osed)

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

TOV	VN OF FLOOR, LLC		
(<u>Name of the Limited Link</u> (A Flor	ollity Company as it now appeared a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed on	01/10/12012	and assigned
Florida document number L12000005278	<u>3</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
	VN OF FLOORS, LLC		Fin Bl
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation	中心 or the abbreviation
Enter new principal offices address, if applicable	:		<u>v</u> <u>v</u> <u>v</u>
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable:			10 to
(Mailing address MAY BE A POST OFFICE BOX	K)		
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>ente</u>	the name of the nev
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		. _
New Registered Office Address:			
		Inter Florida street a	ddress
_		, 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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AAdd PAdd Seemove
			Add Remove
D. If amend	ding any other information, ent	er change(s) here: (Attach additional sheets, if neces	*
 Dated	MAY 24	,	
	Signature	A thember or authorized representative of a member	
		EVERSON D LAGE	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00