L1200013820

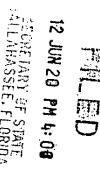
(Requestor's Name)		
(Address)		
(Address)		
(City,	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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03/30/12--010/3--007 **25.00



D. BRUCE

JUN 21 2012

EXAMINER



April 2, 2012

JUSTIN SIRMANS 3125 1/2 E 5TH STREET PANAMA CITY, FL 32401

SUBJECT: ALAN AND ALAN QUALITY TOUCH FLOORING, LLC

Ref. Number: L12000013820

We have received your document for ALAN AND ALAN QUALITY TOUCH FLOORING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

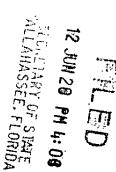
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00010759



COVER LETTER

TO: Registration Section Division of Corporations		
	Quality Touch Flooring LLC	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Justin Sirmans		
Name of Person		
Alan and Alan Quality Touch Flooring	ng LLC	
Funicontpany		
3125 1/2 E 5th Street Address		
Panama City, Florida, 32401	~	
City/State and Zip Code	2 7	
	AHASSE CO.	
mallory beeman@yahoo.com E-mail address: (to be used for future annual report not	No. 12	
E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter		
Justin Sirmans	at (850) 3483482	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	·	
Enclosed is a check for the following	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALAN AND ALAN QUALITY TOUCH 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 <u>L12000013820</u> and assigned 01/30/12 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

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:

. . . 6"

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MERM SCOTTY LOCKE 31251/2 East 5th St Kemove ☐ Add Remove □ Add Remove □Add Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00