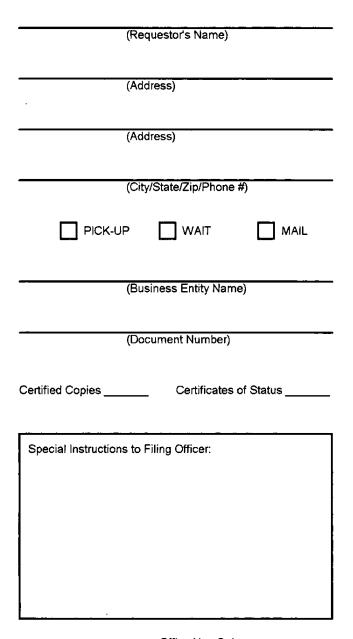
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Office Use Only



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B. BOSTICK
AUG 2 2 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flooring Mechanics 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:	
John R. Adams Name of Person	٠
Flooring Mechanics LLC Firm/Company 380 S. State Road 434 1004-214	
Altamonte Springs FL 32714 City/State and Zip Code gack 4 ffo @ gmail. com E-mail address: (to be used for future annual report notification)	12 AUG 21
For further information concerning this matter, please call: Jopnathan J. Hinz at (407) 463 - 8691 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

d 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 Au Florida document number <u>L12000074428</u>. 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

City

Enter Florida street address

Zip Code

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>	Type of Action
MGRM	Jonathan J. Hinz	981 Virginia Dr Winter Perk FL 32789	Add Remove
			Add Remove
 			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	y.)
			12 AUG 21 AM IO: 17
Dated	Signature of a memi	per or authorized representative of a member	
	John R. Adams	s ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00