## 1200009635

| (Re                                     | questor's Name)                                          |        |  |  |
|-----------------------------------------|----------------------------------------------------------|--------|--|--|
| ,                                       | <b>,</b>                                                 |        |  |  |
| (Address)                               |                                                          |        |  |  |
|                                         |                                                          |        |  |  |
| (Address)                               |                                                          |        |  |  |
|                                         | ,                                                        |        |  |  |
| (Cit                                    | y/State/Zip/Phone                                        | · #)   |  |  |
| PICK-UP                                 | WAIT                                                     | MAIL . |  |  |
|                                         |                                                          |        |  |  |
| (Business Entity Name)                  |                                                          |        |  |  |
| (Document Number)                       |                                                          |        |  |  |
| (                                       | ,                                                        | •      |  |  |
| Certified Copies Certificates of Status |                                                          |        |  |  |
|                                         |                                                          |        |  |  |
| Special Instructions to Filing Officer: |                                                          |        |  |  |
|                                         | •                                                        |        |  |  |
|                                         |                                                          |        |  |  |
| DEC 3 1 2012                            |                                                          |        |  |  |
| L. SELLERS                              |                                                          |        |  |  |
| -                                       |                                                          |        |  |  |
|                                         | · · · <del>-</del> · · · · · · · · · · · · · · · · · · · |        |  |  |

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## **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: IRB 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:

john ballard

Name of Person

IRB flooring LLC

Firm/Company

1 windrush blvd #88

Address

indian rocks beach florida

City/State and Zip Code

irbflooring@gmail.com

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

For further information concerning this matter, please call:

john ballard

,<sub>(</sub>727<sub>)</sub>946-4997

Name of Person

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

| I R B flooring LLC                                                                    |                                                                                                        |                                                     |                                 |                     |  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------|---------------------|--|
| (Name of the Limited<br>(A                                                            | Liability Compa                                                                                        | iny as it now appo<br>Liability Company             | ears on our records.)           | <del></del>         |  |
|                                                                                       |                                                                                                        |                                                     |                                 |                     |  |
| The Articles of Organization for this Limited Li                                      | The Articles of Organization for this Limited Liability Company were filed on aug 25 2012 and assigned |                                                     |                                 |                     |  |
| Florida document number L12000096535                                                  |                                                                                                        |                                                     |                                 |                     |  |
| This amendment is submitted to amend the following                                    | owing:                                                                                                 |                                                     |                                 |                     |  |
| A. If amending name, enter the new name of                                            | the limited lial                                                                                       | bility company h                                    | ere:                            |                     |  |
| The new name must be distinguishable and end wit "L.L.C."                             | h the words "Lim                                                                                       | ited Liability Com                                  | pany," the designation "LLC"    | or the abbreviation |  |
| Enter new principal offices address, if applic                                        | able:                                                                                                  |                                                     |                                 |                     |  |
| (Principal office address MUST BE A STREE                                             | T ADDRESS)                                                                                             |                                                     |                                 |                     |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX) |                                                                                                        | / Windrush blud #88<br>Indan rocks back Fl<br>33785 |                                 |                     |  |
| B. If amending the registered agent and/or the new registered of                      |                                                                                                        |                                                     | our records, <u>enter the n</u> | ame of the new      |  |
| Name of New Registered Agent:                                                         | john ballar                                                                                            | d                                                   |                                 |                     |  |
| New Registered Office Address:                                                        | same as a                                                                                              | bove                                                |                                 |                     |  |
|                                                                                       | Enter Florida street address                                                                           |                                                     |                                 |                     |  |
|                                                                                       |                                                                                                        | , Florida                                           |                                 |                     |  |
|                                                                                       | 1204 - 121 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                                                           | City                                                | Zi,                             | p Code              |  |
| New Registered Agent's Signature, if changing I                                       | Registered Agent                                                                                       | <u>:</u>                                            |                                 |                     |  |

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 affaress, 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

Page 1 of 3

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 Title **Name** <u>Address</u> **Type of Action** john ballard 1 windrush blvd #88 owner indian rocks beach Remove florida 33785 Remove Remove Remove Remove TT Remove

| D. If amending any other information, enter change(s) here: (A | ttach additional sheets, if necessary.) |
|----------------------------------------------------------------|-----------------------------------------|
| <ul> <li>my name was not on the online for</li> </ul>          | n listed under manager.                 |
|                                                                |                                         |
|                                                                |                                         |
|                                                                |                                         |
|                                                                |                                         |
|                                                                |                                         |
|                                                                |                                         |
|                                                                |                                         |
| Dated december 21st 2012                                       |                                         |
| in S. B                                                        | 20012                                   |
| Signature of a member or authorized                            | representative of a member              |
| john ballard $igcup igcup $                                    | \                                       |
| Typed or printed nam                                           | e of signee                             |

Page 3 of 3

Filing Fee: \$25.00