

L12000100518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

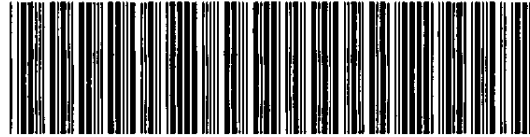
(Business Entity Name)

(Document Number)

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15 JUN 18 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 02 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A1 Quality Flooring by James Vachon, 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:

James Vachon

Name of Person

A1 Quality Flooring by James Vachon, LLC

Firm/Company

3643 SE 45 Place

Address

Ocala, FL 34480

City/State and Zip Code

sweettlyn14@gmail.com

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

For further information concerning this matter, please call:

James Vachon

352 636-9907
at ()

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

A1 Quality Flooring by James Vachon, LLC

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new mailing address, if applicable:

Enter Florida street address

, Florida

City

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wesley Fontaine	3643 SE 45 Place Ocala, FL 34480	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Heitzman	3643 SE 45 Place Ocala, FL 34480	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard Ballet	3643 SE 45 Place Ocala, FL 34480	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 12, 2015

Signature of a member or authorized representative of a member

James Vachon

Typed or printed name of signee

FILED
15 JUN 18 AM 9:16
U.S. DISTRICT COURT
SOUTHERD DISTRICT
SOUTHEAST FLORIDA