## LIROCOJOCIE 76

(Requestor's Name)	<del></del>
(Address)	
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PICK-UP WAIT N	1AIL
(Business Entity Name)	······································
(Document Number)	
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SECULIARY OF SIAM.



OCT 16 2013

D. BRUCE

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	LKW 25 EMAU Name of Limit	Hooring LLC ed Liability Company		
		, ,		
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Strule	y ROZENAH		
		Name of Person		
	<del></del>	Firm/Company		
	2784 Sk	DeVille DD		
		Address	<del></del>	
	CRAW FORDY	ile FIA 32327 #	<b></b>	13 OCT
		City/State and Zip Code	AH	
	E-mail address: (t	o be used for future annual report notification	on) Z	5
For further information c	oncerning this matter, please ca	all:	FLOAIG	PM 5: 09
Name o	f Person	at () Area Code & Daytime Te	lephone Number	æ
Enclosed is a check for the	he 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 encl	osed)
	INC ADDDESS.	STREET/COURIER	ADDDESS.	
Regist	ING ADDRESS:	Registration Section		
P.O. B	on of Corporations ox 6327 assee, FL 32314	Division of Corporation Clifton Building 2661 Executive Center	•	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	man flooring				
( <u>Name of the Limited Liah</u> (A Floi	bility Company as it now app rida Limited Liability Company	ears on our records.) y)			
The Articles of Organization for this Limited Liability Florida document number 412 0006		8.6.212	_ and assig	gned	
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liability company l	<u>here</u> :		•	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Con	npany," the designation "LL	C" or the ab	breviat	ion
Enter new principal offices address, if applicable	<b>:</b>			<u> </u>	<del></del>
(Principal office address MUST BE A STREET A	DDRESS)			<u>ဒ</u> <del>င</del>	_
	ANAMAS TO CARREST		生式		- <u>"</u>
				~o.	
Enter new mailing address, if applicable:				તં <u>ા</u> જ	_
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	-		<del>.                                      </del>	-
					-
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, enter the	e name of	f the n	iew
Name of New Registered Agent:					_
New Registered Office Address:					<del></del>
	·	Enter Florida street addre	?SS		
		, Florida	7. 0. 1	<del></del>	<del></del>
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mana MGRM = Ma	ager ınaging Member	•	
<u>Title</u>	Name	Address	Type of Action
Marm	Staly bozemu	2784 Sto Dav. 1/2 Rd	Add
		ZFERRANTORDVILLE FLUSSET	Remove
			EXTEHANGE
MORM -	TOMS CODY BOXENEW	2784 Suprulle Del	Add
		CROW FOR Wille Fla 32327	Remove
			Add
			Remove
			<u>,≨</u> g 3
			92 130 120 130
			H <sub>C</sub> m <sub>o</sub> H <sub>O</sub> C
			FIORIDA ORIDA
			_
			Add
			Remove
			Add
,			Remove
			•

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
ed	
	Stuly Bozem
	Signature of a mumber or authorized representative of a member
	Stapley POZEMAW  Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 OCT 16 PM 5: 09

