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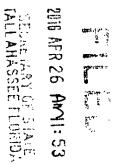
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
wrong form

Office Use Only



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Mr Slylice



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FLORIDA DEPARTMENT OF STATES $\tilde{\epsilon}_{i}$. Division of Corporations

April 8, 2016

FLOOR MAGIC, LLC ATTN: DAN W. GREER 126 WALTON WAY, #1 MIRAMAR BEACH, FL 32550

SUBJECT: FLOOR MAGIC, LLC Ref. Number: L12000119255

We have received your document for FLOOR MAGIC, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan Senior Section Administrator

Letter Number: 916A00007209

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	Floor Mayic, L	LC	
	♥Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Dan	Name of Person	
		or Magre, LLC Firm/Company	
	126 W	alton Way #1	
	Miramar 1	Seach FL 32550 City/State and Zip Code	<u>) </u>
	Floor n E-mail address: (Seach FL 32550 City/State and Zip Code ragic flogmail. Com (to be used for futtire annual report notif	lication)
For further information of	concerning this matter, please c	all:	
Dan h	J. Green	at (<u>\$750</u>) 284-8 Area Code Daytime	8902 e Telephone Number
		·	
Enclosed is a check for t	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 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

(Name of the Limited L (A F	Magne iability Compan lorida Limited Lia	y as it now appears on o ability Company)	ur records.)	PAR PR	Estate Comments
The Articles of Organization for this Limited Liabil Florida document number	5 <u>5</u> . ng:	r	8/2012	Sand assi	gned 7
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	y Company," the designa 126 Wall Miraman B		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>x)</u>	126 Walte Miranu Be	on Why #	l Ba <i>55</i> 0	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name o	of the new
Name of New Registered Agent: New Registered Office Address:	126 h	en W. Gre Valton Way Enter Florida str	#1		
· -	Miranu	- Beach City	, Florida	3 2 5 5 0 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 605, 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.

f Changing Registored Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title 1 <u>Name</u> **Address** □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change _EJ Add _□ Remove _□ Change _ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

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	April	<i>L.</i> /	a member or author		a member	2018 APR 26 TALLAHASSE	Control of the contro

Filing Fee: \$25.00