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SECRETARY OF STATE DIVISION OF CORPORATION:

C. LEWIS

OCT 23 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WEST COAST Floor ADVICE 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:
Gary G. Rose St. Name of Person
Firm/Company
512 Olive ave
City/State and Zip Code GRase 5/2 0/ive ave E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gary G. Rose at (941) 468 - 5539 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2012 OCT 22 PM 1: 30

(Name of the Limited 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 9-19-12 and assigned Florida document number 41244119553
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: Enter Florida street address
City , Florida 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, 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 MbR Michael R. Stafford 512 Olive Au Son 305-86-3929 Moxemis per 34275 ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AZZ FEIN # 46-1057735 Signature of a member or authorized representative of a member Gary G. Rose Gr.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00