

U12 000119553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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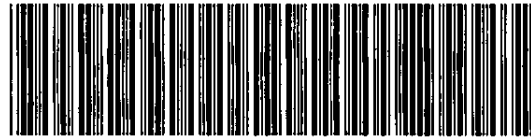
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
CORPORATE SERVICES DIVISION

2013 OCT 10 AM 11:22

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTCOAST FLOOR AVENUE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL R. STAFFORD
Name of Person

Firm/Company

415 RIVER BLVD. S
Address

NOKOMIS, FL 34275
City/State and Zip Code

mikestafford515@gmail.com
~~mikestafford515@gmail.com~~
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL STAFFORD at (941) 822-9169
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

West Coast Floor Advice LLC

(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 412000119553.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

415 RIVER BLVD S

NOKOMIS, FL 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

415 RIVER BLVD S

NOKOMIS, FL 34275

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:

Michael Stafford

New Registered Office Address:

415 RIVER BLVD. S.

Enter Florida street address

NOKOMIS

City

Florida

34275

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.

MS

10/7/13

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>	<u>Type of Action</u>
MGRM	Gary Rose	512 OLIVE AVE	<input type="checkbox"/> Add
		NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Remove
MGRM	Michael Stafford	415 RIVER BLVD. S.	<input checked="" type="checkbox"/> Add
		NOKOMIS, FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF SUPERIOR COURT
STATE OF FLORIDA

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

Dated 10/7, 2013.

Gary Rose / Michael Stafford
Signature of a member or authorized representative of a member

GARY ROSE / MICHAEL STAFFORD
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

FILED