## 112000149981

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:

## Anchor Wood Floors 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:

Joe Sodano

Name of Person

Firm/Company

5944 Se Crooked Oak Ave

Address

Hobe Sound FL 33455

City/State and Zip Code

jsodano98@yahoo.com

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

For further information concerning this matter, please call:

Joe Sodano

\_\_\_561、427**-507**8

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anchor Wood Floors LLC (Name of the Limiter	Liability Company as it now app A Florida Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited L Florida document number L12000149981	.iability Company were filed on	11/29/12	_ and assig	ned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability company	here:		
General Junk LLC				
The new name must be distinguishable and end w "L.L.C."	th the words "Limited Liability Co	mpany," the designation "LLC	C" or the ab	breviation
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			c <del>z y</del> zę
		;		है है स्टब्स्ट
			28.57 28.57 2.77 2.77	great.
Enter new mailing address, if applicable:				FTI
(Mailing address MAY BE A POST OFFICE	BOX)		59 R	1
			<b>高品 5</b>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter the</u>	name of	the new
Name of New Registered Agent:	-	•		<u>_</u>
New Registered Office Address:	420 N Juno Ln	T . T		
		Enter Florida street addres		
	Juno Beach	, Florida <u>334</u>	08 7:- C-1	
	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

Page 1 of 3

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>	Name		ype of Action
MGRM	Susan Sodano	5944 Se Crooked Oak Ave	Add
		Hobe Sound FI 33455	Remove
			————————————————————————————————————
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add
			Remove
		TALL AHASSE	TT Add TT
		SEE FLORIDA	Remove PH 12: 49
		10A	Add
			Remove
			Add
			Remove

fam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	· · · · · · · · · · · · · · · · · · ·
-	
- d	3/5/13
	Mo
	Signature of a member or authorized representative of a member
	Joseph Sodano
	Typed or printed name of signee

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Filing Fee: \$25.00

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