

L 12000152331

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 15 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FLOOR MEDIX, 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:

BRIAN C. HALL

Name of Person

FLOOR MEDIX, LLC

Firm/Company

1774 1/2 WALL Circle

Address

Redington Shores, FL 33708

City/State and Zip Code

bhall2881@gmail.com

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

Note:

our old address

is

314 Windrush
blvd #5

Indian Rocks Beach
33785

For further information concerning this matter, please call:

BRIAN C. HALL

Name of Person

at (727) 290-5661

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

FLOOR MEDIX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 5, 2012 and assigned
Florida document number L12000152331

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)

17746 Wall Circle
Redington Shores FL
33708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17746 Wall Circle
Redington Shores, FL
33708

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

Florida

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, 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>
MGR	SALLY GAINER	314 Windrush Blvd #5	<input type="checkbox"/> Add
		Indian Rocks Beach	<input checked="" type="checkbox"/> Remove
MGR	BRIAN C. HALL	17746 WALL Circle	<input checked="" type="checkbox"/> Add
		Redington Shores, FL	<input type="checkbox"/> Remove
		33708	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated February 11, 2013

Brian C. Hall

Signature of a member or authorized representative of a member

BRIAN C. HALL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00