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K. SALY EXAMINER FEB 1 5 2013

# **COVER LETTER**

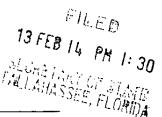
TO: Registration So Division of Cor				
SUBJECT:	FLOOR MED Name of Limi	TX LLC ted Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	,	
Please return all correspo	ondence concerning this matter	to the following:		
	17746 WAL	Name of Person  PR MED IX, LA Firm/Company  L Cyclc Address  Oves FL 33708  City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	Jote: Our old address 314 Windowsh blud #5 Indian Rocks Book 33785
	E-mail address: (t	L 2881@ 9moi o be used for future annual report notificati		
For further information c	oncerning this matter, please c	all:		
BRIAD C. Name o	HACC f Person	at ( <b>727</b> ) <b>290 - 5</b> Area Code & Daytime Te	166 lephone Number	-
Enclosed is a check for the	ne 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 St Certified Copy (additional copy	atus &

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)

The Articles of Organization for this Limited Liability Company Florida document number <u>L12000152</u> 33	were filed on December 5, 2012 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1774 6 WALL Circle Redington Shores FL
Enter new mailing address, if applicable:	33708
(Mailing address MAY BE A POST OFFICE BOX)	1774 6 WALL Circle Redington Shores, FL 33708
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member <u>Title</u> **Name** Address Type of Action 314 Windrush Wud #5 SALLY GAINER MGR Indian Rocks Beach Remove 17746 WALL Circle Add BRIAN C. HACL MGR Redington ShoreS,FL 33708 Remove Remove

ei ai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed _	February II, 2013.
	Signature of a member or authorized representative of a member
	BRIAN C HACC Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00