## #13000009837

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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SECRETARY OF STATE
AND AND SSEE, FLORIDA

K.SALY. EXAMINER AUG - 1 2013

## **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: OLSON CONTRACT 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:

LISA SELLS

Name of Person

Schmid Construction, Inc

Firm/Company

1655 E HWY 50, Suite#300

Address

Clermont, FL 34711

City/State and Zip Code

lisa@schmidconstruction.com

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

For further information concerning this matter, please call:

Lisa Sells

352<sub>2</sub>243-3720

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)

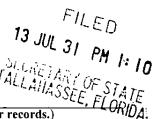
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**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



## OLSON CONTRACT FLOORS, 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 1/18/2013	and assigned
Florida document number L13000009837		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	NEW PRINCIPAL ADDRES	S:
(Principal office address MUST BE A STREET ADDRESS)	1655 E HWY 50, SUITE #30	00
	CLERMONT, FL 34711	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	, Florida	
<del></del>	City	Zip Code
New Desistened Assess Cinestons (C.D. 11). D. 14		

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>	Address	Type of Action
			Add
			Remove
			<del></del>
			Add
			Remove
			<del></del>
			Add
			Remove
			_ □
			Remove
			<del>_</del>
			Add
			Remove
			_
			Add
			Remove

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated_	July 25 2013
	Signature of a member or authorized representative of a member  TOM DOZLER DAJ STERED LACHT  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00