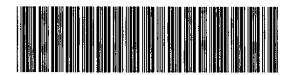
# · LIBOOOCH 1566

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B. BOSTICK

NOV - 5 2013

EXAMINER

# **COVER LETTER**

TO: Registration Se Division of Cor				
subject: Ca	Icio Floors, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspo	ndence concerning this matter to the following:			
	Ernesto C. Reyes			
	Name of Person	_		
	Calcio Floors, LLC			
	Firm/Company	_		
	142 California Blvd., #142	_		
	Address	-		
	Davenport, FL 33897	<u>e</u> 1	í,	
	City/State and Zip Code		4- 50N 613Z	
	calciofloors@live.com		<u> </u>	
	E-mail address: (to be used for future annual report notification)	SS	1	
For further information co	oncerning this matter, please call:		<u>6</u>	٠,
Ernesto C.	Reyes 407,879-6347	5 5	PK T	٠.
Name of	f Person Area Code & Daytime Telephone Numb	er 🛒	50	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	(additional copy is enclosed) Certific	filing Fee, cate of State of Copy conal copy is		sed)

### **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

Calcio Floors, LLC					
(Name of the Limited	l Liability Compa A Florida Limited I	ny as it now appears on our r liability Company)	ecords.)		
The Articles of Organization for this Limited I.	iability Company	were filed on 3/29/2013		and assi	gned
Florida document number L1300004756	6				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and end w	ith the words "I im	ited Liability Company" the de	Signation "I I	C" or the al	hreviation
"L.L.C."	ith the words Elim	ned Elability Company, the de	signation Er	se of the ut	oneviation
Enter new principal offices address, if appli	cable:	142 California Blvd	ł., #142		
(Principal office address MUST BE A STREE	ET ADDRESS)	Davenport, FL 338	97		
			Ţ.	281	
			-ر ا	40 <b>%</b>	
Enter new mailing address, if applicable:		142 California Blvo	l., #142		
(Mailing address MAY BE A POST OFFICE BOX)		Davenport, FL 338			
	<del></del>		77	. ===	
				. <del></del>	
B. If amending the registered agent and			ds, <u>enter tĥ</u>		the new
registered agent and/or the new registered o	iffice address her	<u>e</u> :			
Name of New Registered Agent:					
Name of New Registered Agent.	440.0 "5	· DI : "440			
New Registered Office Address:	142 Califo	ornia Blvd., #142			
		Enter Florido			
	Davenpor	<u>t</u>	Florida 338	897	
		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 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	Address	Type of Action
MGRM	Angelique Lindros	142 California Blvd., #142	Add
		Davenport, FL 33897	Remove
	<u></u>		Add Remove
			Add
		AL SSE	Remove
		第一 (元) (元) (元)	R
			Add Remove

If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
1	
October 29	2013
Signature of	of a member or authorized representative of a member
Angelique Lindros	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00