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Office Use Only



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EXAMINER

COVER LETTER

Division of Corpo				
SUBJECT: Flooy	Name of Limited	on by Ronald T	<u>Jolo</u> res L	JL.C
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	Ron	ald Dolores		
		Name of Person		
	***	Firm/Company		
	2224 15	_ `		
	3827 ar	Hh Parkway		
	Sacrata	4 34235		
		City/State and Zip Code	<u> </u>	
		olar @ omcl) be used for future annual report notification). Copi	2013 NOV -1 PM 2: 04
For further information con	cerning this matter, please cal		(O *	
Crisela	Polcir	au 202 21	S:- :	
Name of P	•	at (17) OC A	phone Number :-, -	=≚ No
				<u></u>
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)	☐S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is et	

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 Installat		ald Dolor	es L		
(Name of the Limited Liabil (A Florid	ity Company as it now appo a Limited Liability Company	ears on our records.) ')			
The Articles of Organization for this Limited Liability Florida document number L13000065f	Company were filed on _ 13_0	05 04/20	13_and	i assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company h	<u>iere</u> :			
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Com	npany," the designation	n "LLC" or	the abbre	 eviation
Enter new principal offices address, if applicable:				~	
(Principal office address MUST BE A STREET AD	DRESS)		34.	<u>ت</u> س	
	- 1		1	3	
			9	1	
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)					
				<u></u>	
	_			ŧ-	
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent		n our records, <u>ent</u> e	er the nan	ne of tl	<u>he new</u>
registered agent and/or the new registered ornee at	iuress nere.				
Name of New Registered Agent:					
New Registered Office Address:					
<u> </u>		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, <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 **Type of Action** <u>Title</u> **Name Address** Hernandez alberto 3827 27th MGRH Parkway Sarasota, H 34235 MGRM Hawthorne, Casey 1404 Mackeral Ave Wadd Sarasotz, H 34237 Remove Remove Remove

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<u> </u>	
	
Matal-A.	30 2013
1 Manda	<u> </u>
1 Danba	$\frac{30}{2}$, $\frac{3013}{2}$.
	Signature of a member or authorized representative of a member
	Hurmon D

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Filing Fee: \$25.00

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