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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

POWERS WOOD FLOORING 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:

Jeramy Powers

Name of Person

POWERS WOOD FLOORING LLC

Firm/Company

616 Devon St

Address

Port Orange, FL 32127

City/State and Zip Code

hudia2@yahoo.com

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

For further information concerning this matter, please call:

Jeramy Powers

,386、675-8986

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

POWERS WOOD FLOORING LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	.
(11110111111111111111111111111111111111	·····y	
The Articles of Organization for this Limited Liability Company w	ere filed on 6/03/13	_ and assigned
Florida document number L13000079691		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
A. If amending name, cuter the new name of the manted name	ty company nete.	
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LL	C" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		9 9
Enter new mailing address, if applicable:	*** 	
.	3,7	1.1
(Mailing address MAY BE A POST OFFICE BOX)		
V IC	and duese on our records onton the	en of the new
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		Hame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SS
	Florido	

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.

City

Zip Code

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>	<u>Name</u>	Address	Type of Action
MGRM	Joshua Powers	5171 Taylor Ave	Add
		Port Orange, FL 32127	Remove
			Remove
		S. A. L. S. A. C. S.	Add Remove
		્રાં **	er jan - Tija
			Add
	4-ak-f-k-t-and-sank-sank-sank-sank-sank-sank-sank-sank		Add
			Remove

D. If	f amending any other information,	enter change(s) here: (Attach additional sheets, if neces	sary.)
			····
		·	· · · · · · · · · · · · · · · · · · ·
Date	d 10/17	, 2013.	
	y - /		
	Signatur	re of a member or authorized representative of a member	
	Jeramy Powers		
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00