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J. SAULSBERRY EXAMINER

OCT 3 0 2013

## COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	Eddie J Name of Limit	en Kins Floor led Liability Company	ring UG
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Eddi	e Jenkins Name of Person	
	Eddie Ja	enkins Floorii	ng UC
	13521 P	arkwood st.	
	Hudso	City/State and Zip Code	7 2007 2
	E-mail address: (t	o be used for future annual report notificati	·
For further information co	ncerning this matter, please ca	all:	
Eddie Name of	Jenkins Person	at ( <u>740)</u> 972 - 90 Area Code & Daytime Te	259 Selephone Number
Enclosed is a check for the	e 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**

E.d JENKINS	Floor	ing LL	$\subset$	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now apr d Liability Compan	ears on our recor	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1300009648</u>	ny were filed on $_{ extstyle 2}$	07/08/	2013 and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li			1	
Eddie Jenk The new name must be distinguishable and end with the words "Li	ins Flo	DRING	LLC	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Coi	npany," th <del>e de</del> signa	ation "LLC" or tr	abbreviation
Enter new principal offices address, if applicable:			•	007
(Principal office address MUST BE A STREET ADDRESS)				12
	445 T BY 17		:	
			ا پنج نید	9.
Enter new mailing address, if applicable:			2.4	23
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>s</u>	enter the nam	e of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Flor	ida	
	City		Zip C	ode
New Registered Agent's Signature, if changing Registered Agen	nt:			

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>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove 3 0C1
			- 13 OC1
			Add
			Remove
			Semove Semove
			Add
			Remove
<del> </del>			
			Remove

D. If am	ending any other information, enter change(s) here: '(Attach additional sheets, if necessary.)
- 1	
•	
Dated	10/18/2013.
	Eddie Jenburg
	Signature of a member or authorized representative of a member
	Eddie Jenkins
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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