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Electronic Filing Menu

Corporate Filing Menu

Help

## TO: **Registration Section Division of Corporations** J&F FLOORING, LLC SUBJECT: Name of Limited Liability Company İ The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CAROLINE G LARSON Name of Person 1 LARSON ACCOUTING GROUP Firm/Company 7901 KINGSPOINTE PARKWAY STE 17 Address b **ORLANDO FL 32819** City-State and Zip Code TAXPREPARER@LARSONACC.COM E-muil address: (to be used for future annual report notification) For further information concerning this matter, please call; CAROLINE LARSON 3703686 407 at Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: 🗒 \$25.00 Filing Fee 🖸 \$30.00 Filing Fee & 555.00 Filing Fee & □ S60.00 Filing Fee, ŝ Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## 03/17/2020 13:28 PM TO:18506176383 FROM:5615375904 Page: 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF J&F FLOORING, LEC (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 $\frac{10/28/2013}{2013}$ \_\_\_\_\_ and assigned Florida document number 1.13000151658 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation TL N-A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) $N/\Lambda$ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N'AName of New Registered Agent: New Registered Office Address: Enter Florida street address

City 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 605. 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

\_ Florida \_

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## Page: 4 03/17/2020 13:28 PM TO:18506176383 FROM:5615375904

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or <u>removed from our records</u>:

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## MGR = Manager AMBR = Authorized Member

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