L14000023024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L14-23024

(Document Number)

Certified Copies _____ Certificates of Status _____

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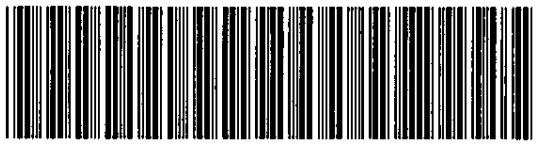

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FILED
2014 MAR 12 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR 12 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2014

ROBERT HEDDLE
336 NE 3RD AVENUE
DELRAY BEACH, FL 33444

SUBJECT: HEDDLEMAN LLC
Ref. Number: L14000023024

We have received your document for HEDDLEMAN LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 314A00004715

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HEDDLEMAN 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:

ROBERT HEDDLE
Name of Person

TRAVERSE FLOORING
Firm/Company

336 NE 3rd AVENUE
Address

DELRAY BEACH FLORIDA 33444
City/State and Zip Code

robert@frankfloor.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT HEDDLE at (561) 314 5618
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

TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HEDDLEMAN LLC
(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 FEBRUARY 10th 2014 and assigned Florida document number L14000023024.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRAVERSE FLOORING LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

160 WEST CAMINO REAL BLVD. #125
BOCA RATON
FL 33432

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:

Name of New Registered Agent: ROBERT HEDDLE

New Registered Office Address: 160 WEST CAMINO REAL BLVD #125
Enter Florida street address

BOCA RATON, **Florida** 33432
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 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

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ROBERT HEDDLE	160 WEST CAMINO REAL BLVD #125	☒ Add
		BOCA RATON	☐ Remove
		FL 33432	
MGR	JACK SEIDMAN	3740 CONCORD RD	☒ Add
		DOYLESTOWN	☐ Remove
		PA 18902	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 27th, 2014.

Signature of a member or authorized representative of a member

ROBERT S HEDDLE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00