

L 14 000 026839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

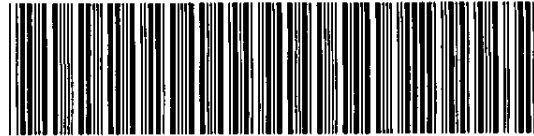
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
14 MAR - 7 AM 3:59
J. Shivers MAR 07 2014
14 MAR - 6 PM 4:01
STATE OF FLORIDA
APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dirty Steves 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:

Steven Hunter
Name of Person

Firm/Company

5290 Selby Dr
Address

Fort Myers FL 33919
City/State and Zip Code

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

For further information concerning this matter, please call:

Steven A Hunter at (615) 593-1926
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

Dirty Steves Flooring 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 2/17/14 and assigned
Florida document number L14000028839

This amendment is submitted to amend the following:

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

Dirty Steves 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**)

1204 S. San Mateo Dr
North Port FL
34288

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1204 S. San Mateo Dr
North Port FL
34288

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:

Hunter, Steven A

New Registered Office Address:

1204 S. San Mateo Dr

Enter Florida street address

North Port

City

Florida

34288

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

MGR = Manager
AMBR = Authorized Member

[illegible]

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amend to change Steven A Hunter
to AMBR.

Amend to change addresses of
AMBR's to: 1204 S. Santa Mateo
North Port FL 34288

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

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated _____



Signature of a member or authorized representative of a member

Steven A Hunter

Typed or printed name of signee

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Filing Fee: \$25.00

APPROVED
FILED
14 MAR -6 PM 4:01
STATE
OF FLORIDA