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SECRETARY OF STATE

OCT 2 7 2014 T. BROWN

COVER LETTER

of Amendment and fee(s) are sub	nited Liability Company omitted for filing.	- 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 		
of Amendment and fee(s) are sub				
	omitted for filing.			
	to the following:			
Peter J Tedford Jr				
	Name of Person			
Dependent Flooring	LLC			
	Firm/Company			
137 Hercules Drive	137 Hercules Drive East			
	Address			
Orange Park, Florid	a 32073			
•				
	•	cation)		
Jr	904 652-5145			
e of Person		Telephone Number		
the following amount:				
☐ \$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)		
	Peter J Tedford Jr Dependent Flooring 137 Hercules Drive Orange Park, Florid dependentflooring@ E-mail address: on concerning this matter, please of Person r the following amount: \$30.00 Filing Fee &	Dependent Flooring LLC Firm/Company 137 Hercules Drive East Address Orange Park, Florida 32073 City/State and Zip Code dependentflooring@outlook.com E-mail address: (to be used for future annual report notifing to concerning this matter, please call: Ur e of Person at 904 Area Code Daytime r the following amount: □ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate Copy		

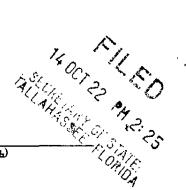
MAILING ADDRESS:

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



Dependent 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 Compa	any were filed on May 12, 2014	and assigned
Florida document number L14000076651		
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
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	<u></u>	
Enter new mailing address, if applicable:		
(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		iter the name of the nev
registered agent and/or the new registered office address	nere.	
Name of New Begintered Agents		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	D. Division of	<u> </u>
	Enter Florida street address	
	, Florid	
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jacob Levi Miller	7448 Leroy Drive	Add
		Jacksonville, Florida 32244	☐ Remove
AMBR	Michael Joseph Johnson	137 Hercules Drive	A dd
		Orange Park, Florida 32073	🗖 Remove
			Remove
			Add
			□ Remove
			□ Remove
			□ Remove

f amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,,	
_	
	ve date, if other than the date of filing:
Dated	
	Quel ma
	Signature of a member or authorized representative of a member
	Peter J. Tedford Jr
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00