# 114000159732

(F	Requestor's Name)
(,	Address)
(,	Address)
(1	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(	Business Entity Name)
<del></del> ((	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



100299052041

05/12/17--01013--024 \*\*25.00



MAY 1 5 2017

Y SULKER

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	NDO PROP	PERTIES, LLC		
SUBJECT.		Name of Lim	nited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Michael E Ialongo		
			Name of Person	
		NDO PROPERTIES, LLC		
			Firm/Company	
		240 Lake View DR APT.	103	
		<del></del>	Address	
		Weston, FL 33326		
			City/State and Zip Code	
		benjix_4@hotmail.com		·
			to be used for future annual report no	tification)
For further in	iformation co	ncerning this matter, please ca	all:	
Michael E Ia			954 708-3993 at ()	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

NDO PROPERTIES, LLC			
(Name of the Lin	ited Liability Comp (A Florida Limited	oany as it now appears on our reco Liability Company)	ords.)
he Articles of Organization for this Limited	Liability Compan	y were filed on 10/13/2014	and assigned
lorida document number L14000159732	·		
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited lia	bility company here:	
GET WOOD FLOORS, LLC			
he new name must be distinguishable and comain the	words "Limited Liab	oility Company," the designation "L	.LC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
•			
Enter new mailing address, if applicable:		N/A	
<u>Mailing address MAY BE A POST OFFICI</u>	E BOX)		7 1
			Maria No.
. If amending the registered agent and			
egistered agent and/or the new registered of	onice audress ne	<u>re</u> :	5 F (T)
	N/A		## Gas
Name of New Registered Agent:	IN/A		
New Registered Office Address:			
		Enter Florida street add	ress
			Florida
	·	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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
	•		☐ Change
			□ Remove
			Change
	· -		
			Remove
			☐ Change
	•		□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			[] Change

None	
•	
	17
	A STATE OF THE STA
	67 <b>(</b>
	\$20 kg
tive date, if other than the date of filing:  Tective date is listed, the date must be specific and cannot be prior to date of	(optional)
If the date inserted in this block does not meet the applicable statu	story filing requirements, this date will not be listed
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an eff e 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlie
. A	
May 05 2017	
'·	
- landy 100	
Signature of a member or authorized repr	resentative of a member

Page 3 of 3

Filing Fee: \$25.00