*L 15000017353

Office Use Only



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SEURLTARY OF STATE FALLAMASSEE, FLORIDA 2015 JUH 22 PH 4:

K.SALY EXAMINER JUN 23 2015

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Jeffs F Name of Limi	Flooring Plus ited Liability Company	LLC
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Kasey	Shannon De	elle
	Jeffs	Firm/Company	Plus, LLC
	480 SV	V Remingtor	id_
	Lake (City F1 37	024
-	hardins ha	MW C LOVING to be used for future annual report notifi	agmail com
For further information conc	erning this matter, please ca	ıll:	
Kasey Shar	<u>non Dekle</u>	at (386) 288 . Area Code Daytime	Telephone Number
Enclosed is a check for the for	ollowing 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
ARTICLE	S OF ORGANIZATION
	OF 2015
T (0) (1)	22 Mill 6102
Jeff's Flo	
(<u>Name of the Limited Liabi</u> (A Floric	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on Jan 9 2013 and assigned
Florida document number 70026747	Company were filed on <u>Jan 9 2015</u> and assigned <u>31187</u> **L15000017353
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Hardin's Hardwo	od Flooring LLC
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	PRESS) Y) /A
Enter new mailing address, if applicable:	nA
(Mailing address MAY BE A POST OFFICE BOX)	
Mannes and Cost (1212 BE 112 OBT OF 120 BOTH)	
B. If amending the registered agent and/or regi	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad-	<u>dress here</u> :
	0 1 0
Name of New Registered Agent:	11/4
New Registered Office Address:	·
	Enter Florida street address
	, 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member	广儿上口	
<u>Title</u>	Name	Address 20/5 JUH 22 PH 4: 3	Type of Action
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ective date, if o	her than the dat	e of filing	•	Ŕ		(opti	ional)	
te: If the date ins	ted, the date must be erted in this block	does not m	eet the applic	able statutor	ng or more than y filing requi	90 days afte rements, th	r filing.) Pur is date will	suant to 605.020 not be listed a
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record specific	es a delayed ef	fective da	ate, but no	t an effec	tive time, a	at 12:01 :	a.m. on t	the earlier o
he 90th day a	fter the record	is filed.						
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	V (Q)	nature of a m	ember or auth	Orized represe	ntative of a me	mber		

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Filing Fee: \$25.00