# L150000 52170

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(Cit	ty/State/Zip/Phone	∍ #)
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# COVER LETTER

Division of Corp	oorations		
CUDIECT.	Country Fri	ed Flooring LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
·	Donald Biroschik		
		Name of Person	<del> </del>
	Don Biroschik CPA PA		
		Firm/Company	
	35 Knight Boxx Road #4		
		Address	
	Orange Park, FL 32065		
		City/State and Zip Code	····
	jrp030980@gmail.com		
•	E-mail address: (to	be used for future annual report notifica	tion)
For further information co	oncerning this matter, please cal	II:	
Jonathan Peters		904 401-7208 at ()	
Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	e 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:

4

TO:

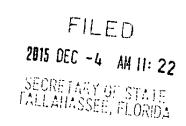
**Registration Section** 

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



Country Fried Flooring LLC		
( <u>Name of the Limited</u> (A	d Liability Company as it now appears on our records.  A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document numberL15000052170	bility Company were filed on	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, <u>en</u> ice address here:	ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	a
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Juan D Semidey Jr	5559 Auburn Road #D	Add
		Jacksonville, FL 32207	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
•			☐ Remove
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			Add
	•		☐ Remove
			Change
		<u> </u>	Add
			☐ Remove
			□ Change

). 11 ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef Note:	ive date, if other than the date of filing:    11/01/2015	20 1 2 2 3 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier of:
Dated	December 1 2015	
	Signature of a member or authorized representative of a member	
	Donald Biroschik	
	Typed or printed name of signee	

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Filing Fee: \$25.00