L11000132421

(Re	questor's Name)	
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(Do	cument Number)	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

2016 AUG 15 PH 3: 08

K. SALY EXAMINER

AUG 18 -

COVER LETTER

TO: Registration Division of C	Section orporations		
Edrin's F. SUBJECT:	looring, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jessie Padilla		
		Name of Person	
	Debbie's Accounting Servi	ce, Inc	
		Firm/Company	
	3575 Southside Blvd		
	****	Address	
	Jacksonville, Florida 3221	6	
1		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	all:	
Jessie Padilla		904 733-4547 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	. r 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**

2016 AUG 15 PA 3- OB Edrin's 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 7/13/2016 Florida document number L16000132421 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Remain the same Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Remain the same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Remain the same Name of New Registered Agent: Remain the same New Registered Office Address: Enter Florida street address

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

_, Florida

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
MGRM	Gjcka, Edrin	14634 Falling Waters Dr	
		Jacksonville, Florida 32258	□ Remove
		REMAIN THE SAME	Change
MGRM	Tusha, Benard	10843 Blue Pacific CT	■ Add
		Jacksonville, Florida 32257	□ Remove
		NOW 10% OWNERSHIP	□ Change
			□ Add
			□ Remove
			22 Gange 177 AUG
			CONTRACTOR OF THE PROPERTY OF
			TO Remove
			Change
			☐ Remove
			Change
			Add
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			☐ Change

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Effective date, if other that fan effective date is listed, the date	n the date of filin	g:		(ор	tional)	
f an effective date is listed, the date inserted in document's effective date on	this block does not r	meet the applic	able statutory fili	more than 90 days af ng requirements, t	ter filing.) Pursuant to 6 his date will not be l	605.020' isted as
e record specifies a de The 90th day after th			t an effective	time, at 12:01	a.m. on the ear	rlier o
August 11		2016				
		,	orized representativ			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00