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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

AUG 18 —

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Edrin's Flooring, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessie Padilla

\_\_\_\_\_  
Name of Person

Debbie's Accounting Service, Inc

\_\_\_\_\_  
Firm/Company

3575 Southside Blvd

\_\_\_\_\_  
Address

Jacksonville, Florida 32216

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessie Padilla

904

733-4547

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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



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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gjeka, Edrin	14634 Falling Waters Dr	<input type="checkbox"/> Add
		Jacksonville, Florida 32258	<input type="checkbox"/> Remove
		REMAIN THE SAME	<input type="checkbox"/> Change
MGRM	Tusha, Benard	10843 Blue Pacific CT	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32257	<input type="checkbox"/> Remove
		NOW 10% OWNERSHIP	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2006 AUG 25 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

MGRM Edrin Gjeka 14634 Falling Waters Dr Jax FL 32258 NOW 90% OWNERSHIP

MGRM Benard Tusha 10843 Blue Pacific CT Jax FL 32257 NOW 10% OWNERSHIP

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

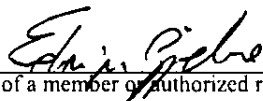
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 11, 2016



Signature of a member or authorized representative of a member

Edrin Gjeka

Typed or printed name of signee