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Office Use Only



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FILING CANCELLED RETURNED CHECK

12/21/16--01006--022 **25.00



DEC 23 2016

YSUMER

COVER LETTER

	of Corporations	
SUBJECT:	JMPH HAWKINS CUSTOIN FLOORING LLC Name of Limited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.	
Please return all o	correspondence concerning this matter to the following:	
	WILLIAM JOHN HAWKINS JR Name of Person	
	JMPH HAWKINS CUSTOM FLUCZING LLC Firm/Company	
	524 ROBIN HILL CR BRANDON, FL, 33510 Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
WILLIAM	Tohn Hawkins 52 at (813) 591-8846 Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	ck for the following amount:	
\$25.00 Filing	-	

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

(Name of the Limited Lial (A Flo	iability Company as it now appears on our records.) Porida Limited Liability Company)					
The Articles of Organization for this Limited Liability	y Company were filed on _	8-22-16	and assigned			
Florida document number <u>L 16000156627</u>			~			
This amendment is submitted to amend the following		FILING CANCELLED				
A. If amending name, <u>enter the new name of the li</u>	imited liability company l		RNED CHECK			
The new name must be distinguishable and contain the words "I	imited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	<u> </u>					
(Principal office address MUST BE A STREET AD	DRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
			<u>.</u>			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address o ddress here:	n our records, <u>e</u>	enter the name of the new			
Name of New Registered Agent:			5 5 6 6			
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WILLIAM JOHN HAWKINS JR	524 ROBIN HILL CR. BEANDON, FL	 Add
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Filing Fee: \$25.00