# 117000092978

(Re	questor's Name)
(Ad	dress)
DA)	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
<b>35</b> 9€	
VIS PN 4:22	
THAY IS PH 4:2	
7 7	Office Use Only



500299052755

05/16/17--01009--001 \*\*25.00

MAY 1 6 2017 S. YOUNG SEGRETARY OF STATE

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hardwood Flooring Depot Lide 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:
Anthony Civitello Name of Person
Hardwood From Depot LCC Firm/Company
13703 Farehan Rd Address
Odessa, FL 33556
City/State and Zip Code  City/State and Zip Co
For further information concerning this matter, please call:
Anthony Civitello at 727 520 6040  Name of Pelson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sadditional copy is enclosed)  \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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 Tallahassec, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4/26/2017 The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: the designation "LLC" or the abbreviation "L.L.C." The new name must be distinguishable and contain the words "Limited Dability Company, Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

#### 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
····			
		······	□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ <b>A</b> dd PS
			Add ALLAHASSETARY
			3: OF SARIO
	<del></del>		
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			□ Change

天艺
<u></u>
PK
<del>نن</del> 
<u>C</u>

Page 3 of 3

Filing Fee: \$25.00