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(Re	equestor's Name)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: On The Edge Flooring (CC 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:
Janet C. Woodham
Name of Person
Firm/Company
7914 Shoals Or Apt A
Orlando FC 32717 - 1095  City/State and Zip Code
City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanet ( Woodham at (107) 1/61 - 6/65  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Englored is a sheet: for the following amount:
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee SCERTIFICATE OF Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee SCERTIFICATE 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

On The Edge +	y as it now appears on our records.) ability Company)
(Name of the Limited Liability Compar (A Florida Limited L	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4 18000 116 192.	were filed on $\frac{C5/o1/2018}{2018}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ly Company." the designation "LLC" or मिन्ट भिर्माट स्वितांका "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- SST - 2 FT
Enter new mailing address, if applicable:	PN 4: 39
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off 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 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 er removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Orlando FC 328/7	Remove
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Page 3 of 3

Filing Fee: \$25.00