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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:		OOF FLOORS LLC		
		Name of Limite	ed Liability Company	
The enclosed	d Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	lence concerning this matter to	the following:	
		JASON D VOTOUR		
			Name of Person	. <u> </u>
			Firm/Company	
		4516 PRO CT E		
			Address	•
		BRADENTON FL 34203		
		jasonvotour@gmail.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report no	ptification)
For further i	nformation con	cerning this matter, please cal	1:	
jason d vot	our		941 4651507 at ()	
	Name of P	erson	Area Code Dayti	me Telephone Number
Enclosed is:	a check for the	following amount:		
□ \$25.00 I	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

TO:

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

BULLETPROOF FLOORS LLC				
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited I		98/14/2018 an	d assign	ed
Florida document number L18000193937	· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation	m "L.L.C	. ,,,
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>
			<u>ಹ</u>	SE
			AUG 31	2 K
Enter new mailing address, if applicable:			ယ	
(Mailing address MAY BE A POST OFFICE	ROXI			355
		 	-55	<u> </u>
B. If amending the registered agent and		on our records, enter the na	ıme of	
registered agent and/or the new registered o	ffice address here:			
Name of New Registered Agent:	JASON D VOTOUR			
New Registered Office Address:	4516 PRO CT E			
The state of the s	Enter F	lorida street address		
	BRADENTON	, Florida <u>34203</u>		
	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
MGR	TREVOR G VOTOUR	4516 PRO CT E BRADENTON FL 34203	
			☐ Remove
			■ Change
MGR	JASON D VOTOUR	4516 PRO CT E BRADENTON FL 34203	
			Remove
			☐ Change
			Add
		***************************************	Remove
			☐ Change
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)	1207
ote: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	requirements, this date will not be listed	las
record specifies a delayed effective date, but not an effective tir The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier	r of
. 08/29/2018		
08/29/2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00