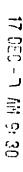
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COVER LETTER

SUBJECT:	FL	OORTNG Name of Limi	TNNOVA	IONS LLC
Division of Corporations SUBJECT: FLOORING INNOVATIONS 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: OSVA Ido Rodriguez Name of Person FLOORING INNOVATIONS LLC Firm/Company 16943 SW 17 th CICCLE Address OCA A FL 34473 City/State and Zip Code Final address: (to be used for future annual report notification) For further information concerning this matter, please call: OSVA Ido Rodriguez at (954) S51-5534 Name of Person Enclosed is a check for the following amount: \$\Begin{align*} \text{SS.00 Filing Fee} \text{Certificate of Status} \text{Certificate of Status} \text{Certified Copy} \text{Certificate of Status}				
Please return	all correspond	ence concerning this matter t	o the following:	
		OSVA	do Rodrig	vez
		- FLOOR	ING INN C	OVATIONS LLC
		16923	5W 17th	circle
		OCALA	FL 3 City/State and Zip Code	4473
		E-mail address: (1	buster 1230 4 o be used for future annual report notific	A HOO, COM
For further in	formation con	cerning this matter, please ca	11:	
C	DSUAL (Name of P	to Rodrique erson	Z at (954) 55 Area Code Daytime	1-5524 Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	~	Certified Copy	Certificate of Status &

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

FLOOP	RINGINNOVA	TIONS LLC
(<u>Name of the Limite</u> (d Liability Company as it now appears on or A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lie Florida document number	-	$\sqrt{29/3017}$ and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	- 1 > ss
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	<u> </u>
B. If amending the registered agent and/oregistered agent and/or the new registered off		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	City	, Florida Zip Code
	any and	Lip God

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 = Ma AMBR = Au	mager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel BiverA	14502 SW 34 Terr	<i>Rc</i> , □ Add
		OCALA 1=1 34473	the Remove
			Change
<u>AMB</u> R	Carmen Butts	16923 SW 17th Ci	rele to Add
		OCALA FL 34473	Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	tive date, if other than the date of filing: (optional) (fective 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 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	5.0207 (3)(t ted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	ier of:
Dated	12/4/2017	
	Appril and	
	Signification of a member of authorized representative of a member	
	Osualdo Bodriculez	
	OSVA 100 Rodriguez Typed or printed name of signlee	

Page 3 of 3

Filing Fee: \$25.00