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PICK-UP	WAIT MAIL			
(Business Entity Name)				
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L. SELLERS

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SECRETARY OF STATE

19 JUH 16 PM 4:

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT:	A. MORALES FLOORING LLC						
(Name of Limited Liability Company)							
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.						
Please return all con	respondence concerning this matter to the following:						
	MIGUEL CORTIJO						
	(Name of Person)						
	(Firm/Company)						
	4119 TEE RD						
	(Address)						
	SARASOTA, FLORIDA 34235						
	(City/State and Zip Code)						
For further informa	tion concerning this matter, please call:						
MIGUE	Varie of Person) at (941) 400 - 7110 (Area Code & Daytime Telephone Number)						
0	Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check	for the following amount:						
\$25.00 Filing Fo	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2008 JUN 16 PM 4:58

A. MORALES F	FLOORING	LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(Name of the Limited Liability C (A Florida Lin	Company as it now appeanited Liability Company)	rs on our recor		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L03000055754</u>			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the design	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	N/V		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		our records, g	enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		NIA		
	(Enter Florida street address)			
	(A)	, Flor		
•	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:
 MGR = Manager
 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALFONSO W. FLORES	5126 60Th DRIVE CAS BRADOUTON, FUDE IDA 3420	I I Auu
<u>Marm</u>	RAUL E. ACOSTA	1029 VILAS AVENUE SARASOTA, FLORIDA 3423	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necesso	ary.)
	Λ) /A	
	113/2008		
Dated	, 	nibal Morales	2008 JUN SECRE
•		or authorized representative of a member	ARY ASSEE
	ANIBA Typed (AL MORALES or printed name of signee	
	->	Page 2 of 2	
	Fil	ling Fee: \$25.00	58