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(Re	questor's Name)	
(Ad	dress)	
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(Ad	uress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE

OCT 29 AMII:

COVER LETTER

Division of Corporations	
SUBJECT: Floor Systems of Or (Name of Limited Lin	ala LLC
(Name of Limited Lia	ability Company)
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	following:
	EZ e of Person) Ocala (cc /Company) 6 7em. Rd. Address) C. 32179 e and Zip Code)
OCKLAWAHA F	2. 32179
(City/State	
For further information concerning this matter, please call:	TAHA.
TOSE H.	at (352) 288-5466 HO
(Name of Person)	at (352) 288-5466 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	Σ ∞
Certificate of Status	5.00 Filing Fee & Scriffied Copy Certificate of Status & Certified Copy (additional copy is enclosed) Cadditional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	Floor Systems of Ocala LLC (Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on			
SECUND:	Please add Marshelle I. HERNANDE AS A Member Manager.	Z.		
		SECRETARY OF S	07 OCT 29 AM II: 38	
		TATE	1: 38	
Dated	Signature of a member of authorized representative of a member Typed or printed name of signee			

Filing Fee: \$25.00