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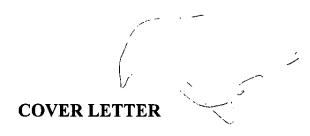
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SECRETARY OF STATE



TO: Registr

Registration Section
Division of Corporations

SUBJECT: Sun Protection Florida, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole W. Kerr

(Name of Person)

Slip Proof Floors, LLC

(Firm/Company)

1109. La Keshore Drive

(Address)

Jupifer, FL 33458

(City/State and Zin Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Niwkw. kerv at (561) 427-7187

(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | (Present Name) | _ |
|---------------|---|-------|
| | (Present Name) (A Florida Limited Liability Company) | |
| | | |
| | | |
| FIRST: | The Articles of Organization were filed on October 20, 2004 and assigned document number L0400075833 | |
| SECOND: | : This amendment is submitted to amend the following: | |
| | Please change the name from | |
| | Please change the name from Sun Protection Florida, LLC to | _ |
| | Sun Profection Florida, LLC to the following: Slip Proof Floors America, TERE 20 AHATTER 20 STEP 20 | _ |
| | Sur Proof Floors America Top & | |
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| | ————————————————————————————————————— | - [7] |
| | FF ST W | O |
| | FLORIDA | _ |
| | | _ |
| | | _ |
| | · | _ |
| Dated <u></u> | 20t 17 ,06 | |
| | | |
| | Signature of a member or authorized representative of a member | |
| | Signature of a member or authorized representative of a member | |
| | Nicole W. Kerr | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00