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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mancia's Remodeling 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:
Carlos Mancia Name of Person
Limited Liability Com Pany Firm/Company
5552 EM LA
Tallahassee FL 32364 City/State and Zip Code
E-mail address: (to be used for futured annual report notification)
For further information concerning the matter, piease call:
Caylos Mana at (850) 504-3367 Nome of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & 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

Mancia Floor Covering LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 4/12/2006 Florida document number LOG 000037981.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: MUNCUS Demodeling Construction La The new name must be distinguishable and contain the words "Libited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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	ं ठे
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	~
	10 m
B. It since the registered agent and/or registered office address on our records, en-	the name of the nev
registered agent and/or the new registered office address here:	₩ \
Islame of New-Resistered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City	Zıp 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 Title Name **Address** Type of Action □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change □ Add [©]□ Remewe _□ Add ☐ Remove ☐ Change _□ ∧dd _□ Remove

_□ Change

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Filing Fee: \$25.00