

AUG/16/2013/FRI 10:00 AM

8/14/13

**L07000024038**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000181287 3)))



H130001812873ABC+

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Division of Corporations  
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13 AUG 16 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FT FLOORING, LLC**

Certificate of Status	0
Certified Copy	0
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AUG/16/2013/FRI 10:00 AM  
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8/18/2013 9:18:37 AM PAGE 1/001 Fax Server

P. 001



August 16, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS

SUBJECT: FT FLOORING, LLC  
REF: L07000024038

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Naysa Culligan  
Regulatory Specialist II

FAX Aud. #: H13000181287  
Letter Number: 013A00019597

AUG/16/2015/FRI 10:00 AM

FAX No.

FILED 003

2013 AUG 16 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FT FLOORING, 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 03/05/2007 and assigned  
Florida document number L07000024038.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

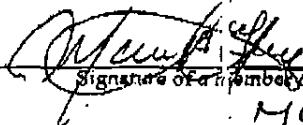
Title	Name	Address	Type of Action
MGR	FRANCISCO JOSE GALL	3511 NW 19TH ST MIAMI FL 33125	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CRISTOBAL SALGADO	1335 NW 33RD ST MIAMI FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

August 13

2013



Signature of a member or authorized representative of a member

MGRM

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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