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SECRETARY OF STATE
ALLAHASSEE, FIRBIE

COVER LETTER

TO: Registration Section Division of Corpora		
SUBJECT: Abundance	Floor Care, LLC (Name of Limited Liability Company)	·
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	•
<u> </u>	Adeltram J. Holland (Name of Person)	
<u> </u>	Abundance Floor Care, LLC (Firm/Company)	
<u>1</u>	421 L'Engle Street (Address)	
<u>.</u>	Jacksonville, Florida 32209 (City/State and Zip Code)	7000 P
For further information conce	erning this matter, please call:	IAR 21 F
Adeltram J. Holland (Name of Pe	rson) at (904) 240-8608 (Area Code & Daytime Teleph	FLOOR Number 25
Enclosed is a check for the fo	llowing amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING Registratio	ADDRESS: STREET/COURIER ADDRESS: Registration Section	DRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Abund (Name of the Limited (A	dance Floor C Liability Compa Florida Limited	are, LLC iny as it now appe Liability Company	ears on our reco	ords.)		
The Articles of Organization for this Limited L	iability Company	y were filed on <u>0</u>	2/27/2008		and as	ssigned
Florida document number <u>L08000020748</u>	·					
This amendment is submitted to amend the foll	owing:					
A. If amending name, <u>enter the new name o</u>	f the limited lial	bility company h	<u>ere</u> :			
NA						
The new name must be distinguishable and end wi "L.L.C." B. If amending the registered agent and/ registered agent and/or the new registered of	or registered o	ffice address on	,			
Name of New Registered Agent:	NA			SECR	2000	\$*\!**
	•			AF	MAR	t g
New Registered Office Address:	NA			- <u>- 23</u>	N	Photos and the second
		(Enter Florida s	treet äddre	83)	i i
	NA		. Flo	rida <u>S</u>	Ū	
		(City) ·	,	TATE DRIDA	(Zip Co N n	de) so

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 **Type of Action** Title. <u>Name</u> <u>Address</u> ELMARIO D. MOORE 1421 L'Engle Street MGRM **✓** Add Jacksonville Florida 32209 Remove ☐ Add Remove Add Remove Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.

Dated March 19 , 2008

Signature of a member or authorized representative of a member

Adeltram J. Holland

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00