## 10900019362

| (Req                      | uestor's Name)  |              |
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| PICK-UP                   | ☐ WAIT          | MAIL         |
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| Cortified Coning          | Cartificato     | a of Status  |
| Certified Copies          | Certificates    | s of Status  |
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| Special Instructions to F | ilina Officer:  |              |
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Office Use Only

G. MCLEOD

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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

| TO:,                               | Registration S<br>Division of Co  |  |  |                                      |   |
|------------------------------------|-----------------------------------|--|--|--------------------------------------|---|
| SŬBJECT: FLORIDA FLOORS&DECOR, LLC |                                   |  |  |                                      |   |
| 0020                               | Name of Limited Liability Company |  |  |                                      |   |
| The en                             | closed Articles o                 | f Amendment and fee(s) are sul   | bmitted for filing.  |                                      |   |
| Please                             | return all corresp                | ondence concerning this matter   | r to the following:  |                                      |   |
|                                    |                                   |  | OZGUR EMIROGLU   |                                      |   |
|                                    | Name of Person                    |  |  |                                      |   |
| FLORID                             |                                   |  | OA FLOORS &DECOR,  | LLC                                  |   |
| Firm/Company                       |                                   |  |  |                                      |   |
|                                    |                                   | 2900 NW 79th AVENUE  |  |                                      |   |
|                                    | Address                           |  |  |                                      |   |
|                                    |                                   |  | MIAMI, FL 33122  |                                      |   |
|                                    |                                   |  | City/State and Zip Code                                      |                                      |   |
|                                    |                                   | F-mail address: (  | urat@izopoliusa.com to be used for future annual report      | notification)                        |   |
| For fur                            | ther information                  | concerning this matter, please of  | •  | normountony                          |   |
|                                    | OZG                               | UR EMIROGLU  | at ( 954 )   | 616-077                              |   |
| . •                                | Name                              | of Person  | Area Code & Da   | ytime Telephone                      | Number  |
| Enclos                             | ed is a check for                 | the following amount:  |  |                                      |   |
| \$25                               | 6.00 Filing Fee                   | \$30.00 Filing Fee & Certificate of Status                               | \$55.00 Filing Fee & Certified Copy (additional copy is encl | osed) C                              | 0.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>additional copy is enclosed) |
|                                    | Regist<br>Divisi<br>P.O. E        | LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314 | Registration S<br>Division of Co<br>Clifton Buildi           | orporations<br>ng<br>e Center Circle | ESS:  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLORIDA FLOC   | <u>)RS&amp;DECOR, l</u>                       | _LC                    |                          |
|--|---|------------------------|--------------------------|
| (Name of the Limited Liability Com<br>(A Florida Limite        | pany as it now appear<br>d Liability Company) | s on our records.)     |                          |
| (*** 10:14# 2:::::10   | a Liacinity Company,                          |                        |                          |
| The Articles of Organization for this Limited Liability Compa  | ny were filed on                              | 8/14/2009              | and assigned             |
| Florida document numberL0900079362                             |   |                        |                          |
|  |   |                        |                          |
| This amendment is submitted to amend the following:            |   |                        |                          |
| A. If amending name, enter the new name of the limited li      | ability company her                           | <u>e</u> :             |                          |
|  |   |                        |                          |
| The new name must be distinguishable and end with the words "L | imited Liability Compa                        | ny," the designation " | LLC" or the abbreviation |
| "L.L.C."   |   | west.                  |                          |
| Enter new principal offices address, if applicable:            |   |                        | 9                        |
| (Principal office address MUST BE A STREET ADDRESS)            | 1   |                        | SEO<br>VISI              |
|  |   |                        | <del>2</del> 2           |
|  |   |                        | PAAT.                    |
| Enter new mailing address, if applicable:                      |   |                        | CON CHEE                 |
| (Mailing address MAY BE A POST OFFICE BOX)                     |   |                        | <b>2</b> 9 0             |
| Indiang dates MAT BEAT OUT THE BOX                             |   |                        | 20                       |
|  |   |                        | <del></del>              |
| B. If amending the registered agent and/or registered          | office address on o                           | our records, enter     | the name of the new      |
| registered agent and/or the new registered office address h    |   |                        |                          |
|  |   |                        |                          |
| Name of New Registered Agent:                                  |   |                        |                          |
| New President A Office Address                                 |   |                        |                          |
| New Registered Office Address:                                 | En  | ter Florida street add | tress                    |
|  | Billor I for ind Sir col dual old             |                        |                          |
|  | City  | , Florida              | Zip Code                 |
|  | CHY   |                        | LIP COUL                 |

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

| <u>Title</u> | <u>Name</u>                        | Address   | Type of Action      |
|--------------|------------------------------------|---|---------------------|
| MGRM         | MURAT H. KIROGLU                   | 13341 SW 151 TERRACE<br>MIAMI, FL 33186                       | Add Remove          |
|              | YUKSEL M. KIROGLU                  | 13341 SW 151 TERRACE<br>MIAMI, FL 33186                       | _ ✓ Add<br>☐ Remove |
|              |                                    |   | Add<br>Remove       |
|              | ·<br>-                             |   | Add Remove          |
|              |                                    |   | Add<br>Remove       |
|              |                                    |   | Add<br>Remove       |
| D. If an     | nending any other information, ent | ter change(s) here: (Attach additional sheets, if necessary.) |                     |
|              | MR. YUKSEL M.KIROGLU H             | IAS NO MANAGEMENT RESPONSIBILTY; HE IS                        | <del></del>         |
|              | A LIMITED MEMBER.                  | _   |                     |
|              | MBER IS MR. OZGUR EMIROGLU.        | _   |                     |
|              |                                    |   | _                   |
| Dated        | DECEMBER 1                         | <u></u>   | _                   |
|              | ( )                                | •   |                     |
|              | Signature of                       |   |                     |
|              |                                    | <del></del>   |                     |

Page 2 of 2

Filing Fee: \$25.00