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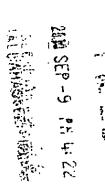
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COVER LETTER

FO: Registration Section Division of Corpor			
SUBJECT:	Flooring Se	ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
		JUAN UGO Name of Person	
	7c Flo	OVING SUTUS,	uc_
	11726 Haw	105tcad St.	
	Winderme elugo @ 11	City/State and Zip Code Ne flooring 5,00+ Code to be used for future annual report notific	OVV
For further information conc	cerning this matter, please ca	·	
Elizabeth Name of Pe	erson)	at (407) 683 (Area Code Daytime 1	[21] Telephone Number
Enclosed is a check for the	following amount:	_	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati	G ADDRESS: on Section of Corporations	STREET/COURIE Registration Section Division of Corporate	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

+ CFlooring Services, UC
(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 09 13 10 and assigned. Florida document number L 1000096133
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The Flooring Spot LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			
			□ Remove
			□ Add
			☐ Remove
			
			□ Add
			Remove
			☐ Change
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(If an ef	ive date, if other than the date of filing:	17 (3)(b s the
f the re b) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.	of:
Dated	Signature of antember or authorized representative of a member	
	\mathcal{I}_{2}	
	Signature of a member or authorized representative of a member	
	·	
	Typed or printed name of signee	
	types of prince name of signer	

Page 3 of 3

Filing Fee: \$25.00