

| (Requestor's Name) | | | | |
|---|--------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Pho | ne #) | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Na | ame) | | | |
| (Document Number) | | | | |
| Certified Copies Certificate | es of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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| | | | | |

Office Use Only

G. MCLEOD
DEC 21 2010
EXAMINED



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SECRETARY OF STATE
ALLAHASSEE FIGURE

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | J. O. EXCE | L FLOORING, LLC | | | |
|-----------------------------|--|---|--|--|--|
| | | ted Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | | JUAN OFF | | | |
| | | Name of Person | | | |
| | OJI | EXCEL FLOORING LLC | | | |
| | Firm/Company | | | | |
| | 10013 PORTALE AVE | | | | |
| Address | | | | | |
| | C | ORLANDO, FL 32825 | | | |
| | | City/State and Zip Code | | | |
| | FLR | BC3JO@YAHOO.COM | | | |
| | E-mail address: (1 | to be used for future annual report notific | eation) | | |
| For further information | concerning this matter, please of | all: | | | |
| | JUAN OFF | at (_407_)3 | 398-5707 | | |
| Name | of Person | Area Code & Daytime | 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) | | |
| | JNG ADDRESS: tration Section | STREET/COURIE Registration Section | | | |
| Divisi | on of Corporations Box 6327 | Division of Corpora Clifton Building | | | |
| | assee, FL 32314 | 2661 Executive Cen | iter Circle | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| J.O. EXCE | <u>L FLOORING, LLO</u> | <u> </u> | | |
|--|--|----------------------------|----------------|---------------------|
| (<u>Name of the Limited Liability</u> (A Florida Li | Company as it now appear mited Liability Company) | s on our records.) | | |
| The Articles of Organization for this Limited Liability Co | mpany were filed on | 11/10/2010 | and assig | ned |
| Florida document numberL10000117185 | · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | ed liability company her | <u>e</u> : | | |
| | L FLOORING LLC | | | |
| The new name must be distinguishable and end with the word "L.L.C." | s "Limited Liability Compa | ny," the designation "L | LC" or the abl | oreviation |
| Enter new principal offices address, if applicable: | <u> </u> | | For → | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | | | Controller. |
| | | | SE S | |
| | | | SEE C | ŧ |
| Enter new mailing address, if applicable: | | - | PH 2:5 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ···· | 2: 5 | B _{13 mar} |
| | | | <u>5</u> | |
| B. If amending the registered agent and/or registeregistered agent and/or the new registered office addressed agent and/or the new registered office addressed Name of New Registered Agent: | | ur records, <u>enter t</u> | he name of | the new |
| New Registered Office Address: | | | | |
| Now Registered Office Address. | Enter Florida street address | | | • |
| <u></u> | | , 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 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 = Ms $MGRM = S$ | anager Managing Member | | |
|---------------------|---|---|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | nding any other information, enter chai | nge(s) here: (Attach additional sheets, if necessary.) | · |
| _ | | | |
| | DECEMBER 16 / 2 | 2010 | - |
| Daicy | prof. | | . <u>. </u> |
| | | oer or authorized representative of a member JUAN OFF ed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00