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SECRETARY OF STATE
TALLAHASSEF FLORID.

COVER LETTER

Division of Corporations	
SUBJECT: (HARLES ARNOLD Name of Limit	FLOOR COVERING, LLC ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
CHARLES E. ARNOLD JR. Name of Person	•
CHARLES ARNOLD FLOOR Confirm/Company	
2404 N.W. 2974 TERRAC	? <u>E</u>
CAPE CORAL FLORIDA 3. City/State and Zip Code	3993
AJPAGLIARINI 4 @ GMADE-mail address: (to be used for future annual report notification)	it, Com ation)
For further information concerning this matter, p	lease call:
ARMANDO PAGLIARINI at	(239) 274-8293
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following ar	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHARLES ARNOLD FLOOR COVERING, LAC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number \(\frac{\lambda 1100000 6774}{\tag{774}}\).	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:	NIA	
(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 here: Name of New Registered Agent:		e name of the new
New Registered Office Address:	ASS	27
	Enter Florida street and response to the street	
New Registered Agent's Signature, if changing Registered Agent:	City RITE	Zi g: Code
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	ete performance of my duties, and I an provided for in Chapter 608, F.S. Or, ij	n familiar with and f this document is

MGR = Man MGRM = M	ager anaging Member			
<u>Title</u>	Name Add		ldress	Type of Actio
MGRM	DONALO	D. PFUNTER JR.	431 REDLIN STREET NORTH FORT MYERS FLORIDA 3390	Add Remove
		<u> </u>		Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
	ling any other infor	mation, enter change(s) h	ere: (Attach additional sheets, if necessar	y.)
Dated	1/24/12	7 8 6	(2n).	

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Filing Fee: \$25.00