## 111000035972

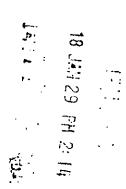
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: ALL AMEIZICAN W	NOOD FLOORS LLC lability Company
The enclosed Articles of Amendment and fee(s) are submitted.  Please return all correspondence concerning this matter to the	
ANTOINETT	E BRAUN Name of Person
ALL AMERIC	Firm/Company
3202 BLA.	ZING STAR LANE
	y/State and Zip Code  /OOL @ AOL. COM  seed for future annual report notification)
For further information concerning this matter, please call:	
ANTOINETTE BIZAUN Name of Person	at (407) 569 7900 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution See Service Service See Service Service See Service See Service See See Service See See See See See See See See See S	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## AU AMERICAN WOOD FUOORS UC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:	Tompany were filed on $\frac{7/26/2011}{}$ and assigned	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	OORS LLC ited Liability Company," the designation "LLC" or the abbreviation "LgC."	
Enter new principal offices address, if applicable:	, ser	
(Principal office address MUST BE A STREET ADDR	RESS)	
	<i>(-2</i> )	
Enter new mailing address, if applicable:	63.	-
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the i	<u>1ew</u>
<del></del>	stered office address on our records, <u>enter the name of the laress here</u> :	<u>1eW</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	stered office address on our records, <u>enter the name of the liress here</u> :	<u>1ew</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the liress here:  Enter Florida street address	<u>1ew</u> -
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	Enter Florida street address	<u>1ew</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	lress here:	- - -
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	Enter Florida street address , Florida  City Zip Code	- - -

If Changing Registered Agent, Signature of New Registered Agent

• If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			☐ Change
			Add Add
			Add - Remove
			Change ??
<del></del>		,	□ Change !>
			☐ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change

·	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the	date, if other than the date of filing:	iant to 605.0207 (3) of be listed as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the the third the record is filed.	ne earlier of:
ا Dated <u> </u>	JANUARY 25 . 2018.	
	Signature of a member or authorized representative of a member	
	Antomette Braun	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00