## L11000125939

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (business chuty Name)                   |
| (Document Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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FILED
12 FEB 13 PM 1: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan FEB 14 2012

## **COVER LETTER**

| TO: Registration S Division of Co  | Section<br>orporations                     |   |                                 |                |
|--|--|---|---------------------------------|----------------|
| SUBJECT:   | FLOORING SE                                | RVICES EXPRESS  | LLC                             |                |
| Sobsect.   |  | ited Liability Company  |                                 |                |
| The enclosed Articles o  | f Amendment and fee(s) are su              | bmitted for filing.   |                                 |                |
| Please return all corresp  | ondence concerning this matte              | r to the following:   |                                 |                |
|  |  |   |                                 |                |
|  |  | LUIS A ZOPPI Name of Person                                       |                                 |                |
|  |  | ratile of Ferson  |                                 |                |
|  | FLOORIN                                    | IG SERVICES EXPRE   | SS LLC                          |                |
|  |  | Firm/Company  |                                 |                |
|  | 300 S F                                    | PINE ISLAND RD SUIT   | E 223                           |                |
|  |  | Address   |                                 |                |
| A Company of the Comp | PI   | _ANTATION, FL 33324   |                                 |                |
|  | ·  | City/State and Zip Code   |                                 |                |
| 医动脉结束性破疽性抽搐 整十八次   | E-mail address: (                          | ssamerlos@hotmáil.co  | m.                              |                |
| 11.34  | E-mail address: (                          | to be used for future annual repor                                | t notification)                 |                |
| For further information  | concerning this matter, please             | call:   |                                 |                |
| CLA  | UDIA MERLOS                                | at (_954_)  | 4797607 Daytime Telephone Numbe |                |
| Name   | of Person                                  | Area Code & I   | Paytime Telephone Number        | r              |
|  |  |   |                                 |                |
| Enclosed is a check for  | the following amount:                      |   |                                 |                |
| \$25.00 Filing Fee   | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is end | closed) Certified               | te of Status & |
|  |  |   |                                 |                |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 FEB 13 PM 1: 59

| FLOORI<br>(Name of the Limited<br>(A   | NG SERVIC          | CES EXPRESON AS IT NOW APPEARS Liability Company) | S LLC JALLA<br>s on our records.) | ETARY OF STATE<br>HASSEE; FLORIDA: |
|--|--------------------|---|-----------------------------------|------------------------------------|
| The Articles of Organization for this Limited L Florida document numberL11000128       | iability Company   |   |                                   | and assigned                       |
| This amendment is submitted to amend the following                                     | owing:             |   |                                   |                                    |
| A. If amending name, enter the new name o  | f the limited liab | oility company here                               | <b>;</b>                          |                                    |
|  | N/A                | ١   |                                   |                                    |
| The new name must be distinguishable and end with L.L.C."                              | th the words "Lim  | ited Liability Compar                             | y," the designation "L            | LC" or the abbreviation            |
| Enter new principal offices address, if applic   | able:              | N/A   |                                   |                                    |
| (Principal office address MUST BE A STREE  | T ADDRESS)         |   |                                   |                                    |
|  |                    |   |                                   | -                                  |
| Enter new mailing address, if applicable:  |                    | N/A   |                                   |                                    |
| Mailing address MAY BE A POST OFFICE   | BOX)               |   |                                   |                                    |
|  |                    |   |                                   |                                    |
| B. If amending the registered agent and/oregistered agent and/or the new registered of |                    |   | ır records, <u>enter t</u>        | he name of the new                 |
| Name of New Registered Agent:  | N/A                |   |                                   |                                    |
| New Registered Office Address:   | N/A                |   |                                   |                                    |
|  |                    | Ente  | er Florida street addi            | ress                               |
|  |                    |   | , 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 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          | CLAUDIA MERLOS      | 1749 NW 80 AVE. UNIT D<br>MARGATE FL 33063            | Add Remove                               |
|               |                     |   | Add Remove                               |
|               |                     |   | Add<br>Remove                            |
|               | ·.                  |   | Add<br>Remove                            |
|               |                     |   | Add<br>Remove                            |
| <del></del>   |                     |   | Add<br>Remove                            |
|               |                     | nange(s) here: (Attach additional sheets, if necessor | ary.)                                    |
| <br><br>Dated | A                   |   | 12 FEB 13 PH 1: 59  TALLAHASSEE, FLORIDA |
|               | Signature of a pier | mber or authorized representative of a member         |  |
|               | Ту                  | LUIS A ZOPPI  yped or printed name of signee          | <u>.</u>                                 |

Page 2 of 2

Filing Fee: \$25.00