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DEFARITE OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Card E Floor couldring 1/C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David E Baker Name of Person
Firm/Company
2512 Harvey Mill crept Rd
24 Tallahasse FL 32316 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dand Baker Name of Person at (50) 544 1954 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ S30.00 Filing Fee \& Certificate of Status \$\ Certificate of Status \$\ (additional copy is enclosed)\$\$ \$55.00 Filing Fee \& Certificate of Status \& Certificate of Status \& Certificate of Status \& Certified Copy \((additional copy is enclosed) \)

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

(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 Liab	ility Company were filed on 11/25	and assigned	
Florida document number <u>L// 600 1340</u>	<u>37</u> .	12 ALI	
This amendment is submitted to amend the follow	ing:	E SALES	
A. If amending name, enter the new name of the	ne limited liability company here:	2 2 CM	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," th	e designation "Lec" or the abbreviation	
Enter new principal offices address, if applicab	le:	V*-	
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:	- 		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	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 = Manager

MGRM = Ma	anaging Member		
<u>Title</u>	Name	Address	Type of Action
Mann	Edward Bukar	2512 Havey Mill CHARL	Add Remove
<u>4622</u>	Donil E Baker	2512 Havey Mill cran Ad Salva Lasson PZ 32310	Add Remove
MGRA	Charles J Board	2317 Muyberry St Tuhuhussi Fl 32861	Add Remove
	 		Add Remove
			Add Remove
			Add
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
		A A S S	2 441 2
			<u> </u>
Dated	,	·	m on
د د .	Pari & E Barker Typed	or authorized representative of a member	

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Filing Fee: \$25.00