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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Fab	Llous Floor Name of Limit	ing and Butted Liability Company	th LIC	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	Kevi	R Kiple	 	
	Parama Ducs free E-mail address: (b	Firm/Company Address City/State and Jip Code City/State and Jip Code O be used for future annual report notificat	CL 32408	LUSETARY OF STATES
For further information cor	ncerning this matter, please ca	ılı:		
Kevin Name of 1	Kiple_ Person	at (850) UU - Area Code Daytime Te	lephone Number	
Enclosed is a check for the	-		-	
\$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 enclose	

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

Fabulous Floring and t	Soft LC
(Name of the Limited Liability Company as it now appears o (A Florida Limited Dability Company)	n our records.)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	;
The new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3 Fig
<u> </u>	PR ARE
	T SSA
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	2 15
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida	a street address
	Florida

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title Name **Address Type of Action** ☐ Change □ Remove ☐ Change _□ Add _ ☐ Remove _□ Change _□ ∧dd _□ Remove □ Change _□ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effe <u>Note:</u>	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	5.0207 (3)(l ted as the
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earli 90 th day after the record is filed.	er of:
Dated _	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00