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SECRETARY OF STATE
DIVISION OF CONFORATION

C. LEWIS
FEB 2:5 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

S & J FAMILY FLOORING LLC

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:

SONIA DIAZ

Name of Person

S&J FAMILY FLOORING LLC

Firm/Company

14648 LADY VICTORIA BLVD

Address

ORLANDO, FL. 32826

City/State and Zip Code

SDIAZ38@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA DIAZ

{../}407.440-4247

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$250.00 Filing Fee,

Certificate of Status &

Certifical Copy

(additional copy is enclosed)

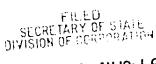
MAILING ADDRESS:

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

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2013 FEB 22 AM 10: 46

(Name of the Limited Liab	ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit		
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		1 AA + 94 ()
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		-
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	 	
	Enter F	lorida street address
_	City	, Florida 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 to the SECRETARY OF STATE DIVISION OF CORFORATION.

MGR = Manager MGRM = Managing Member 2013 FEB 22 AM 10: 46			
<u>Title</u>	Name		Type of Action
MGR	SONIA DIAZ	14648 LADY VICTORIA BLVD ORLANDO FL. 32826	Add
			Remove
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			_
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D. If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessa i yi). E SECRETARY (IVISION OF CO	D OF STATE REORATION:
	2013 FEB 22	AM 10: 46
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Dated 02/14/13	· · · · · · · · · · · · · · · · · · ·	-
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Signature of a member or authorized eprese Sonia Diaz Typed or printed name of signature of a member of authorized eprese		

Page 3 of 3

Filing Fee: \$25.00