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SECRETARY OF STATE, TALLAHASSEE, FLORIBI

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K. SALY EXAMINER MAY - 1 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flooring Express of Jacksonville, 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:
Steve Edmonds Name of Person
Flooring Express of Jacksonville, LLC
6139 103rd Street
Tock Sonville, FL 32210 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stave Edmonds at (904) 424-0668 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
325.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED
TOTAPR 20
2014 APR 25 PH 3: 09 SECRETARY OF STATE ALLAHASSEE, FLORIDA
- SEE, FLORIDA

Flooring Express of Jacksonuille, LC ALLAHASSEE, FI. O.

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number	Company were filed on Fob. 25, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here: Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and end with the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	\mathcal{N}/\mathcal{A}
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent: New Registered Office Address:	N/A
	Enter Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member			
<u>Title</u>	Name		Address	Type of Action
				□ Add
		(Remove
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effective date must be specific, or date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State)
fective date, if other than effective date must be specific, of edate this document is filed by the steel April 21	cannot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State)

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Filing Fee: \$25.00