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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : AIT PLUS CONSULTING
Account Number : I2C080000061
Phone : (407) 582-9830
Fax Number : (407) 294-7677

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
J&N TILE AND MARBLE SERVICES, LLC

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R. Ouligan OCT 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J&N TILE AND MARBLE SERVICES, 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:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTIN, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pinheiromaria@att.net

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

For further information concerning this matter, please call:

MARIA PINHEIRO

Name of Person

at (407) 582-9830

Area Code & Daytime Telephone Number

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2013 OCT 10 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDAJ&N TILE AND MARBLE SERVICES, LLC

(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 Liability Company were filed on 10/01/2013 and assigned
Florida document number L13000138508.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NSPIRE FLOORING, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, 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:

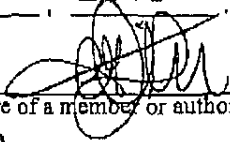
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER, 10 , 2013


Signature of a member or authorized representative of a member

MARIA PINHEIRO

Typed or printed name of signer

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