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Office Use Only



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SECRETARY OF STATE

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T. HAMPTON



ACCOUNT NO. : I2000000195 REFERENCE : 312179 8008360 AUTHORIZATION COST LIMIT ORDER DATE: September 24, 2014 ORDER TIME : 2:23 PM ORDER NO. : 312179-010 CUSTOMER NO: 8008360 DOMESTIC AMENDMENT FILING NAME: GALLAWAY FLOORZ LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Courtney Williams -- EXT# 62935

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALLAWAY FLOORZ LLC		SE IN
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)	STATES OF LORIDOR
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L14000015165</u>	on 01/28/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
The new name must be distinguishable and end with the words "Limited Liabilit "L.L.C."	y Company," the designation	'LLC" or the abbreviation
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 here:	ess on our records, enter	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress

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

Florida

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 Title <u>Name</u> **Address** Type of Action **AMBR** Scott Campbell 3413 Ketcham Court Bonita Springs, FL 34133 Remove

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