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| (Requ | uestor's Name) | |
|---------------------------|-----------------|-------------|
| (Add | ress) | |
| - (Addi | ress) | |
| (City/ | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | iness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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| | Registration Division of C | | | | |
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| SUBJEC | D' ONE I | FLOORING SOLUTIONS LLC | | | |
| SUBJEC | .1; | Name of Lim | ited Liability Company | | |
| The enclo | osed Articles | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please ret | turn all corres | pondence concerning this matter | to the following: | | |
| | | RICHARD ROSARIO | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 319 SIBERT AVENUE U | NIT 5 | | |
| | | | Address | | |
| | | DESTIN, FL 32541 | | | |
| | | City/State and Zip Code | | | |
| | | E-mail address: (| to be used for future annual report not | fication) | |
| For furthe | er information | concerning this matter, please ca | all: | | |
| RICHAR | RD ROSARIO | 1 | 706 442-0107 | | |
| | Name | of Person | Area Code Daytim | e Telephone Number | |
| Enclosed | is a check for | the following amount: | | | |
| \$25.0 | 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 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

| D' ONE FLOORING SOLUTIONS LLC | | |
|---|--|------------|
| (<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com | appears on our records.) mpany) | |
| The Articles of Organization for this Limited Liability Company were filed | on 05/19/2014 and assign | ned |
| Florida document number L14000080273 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability comp | any here: | |
| The new name must be distinguishable and contain the words "Limited Liability Company | | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | *** TP | 5 |
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| | 7.0 TO 12.0 TO | |
| Enter new mailing address, if applicable: | 25 N | Alle Prode |
| Mailing address MAY BE A POST OFFICE BOX) | 7.11 — 0.11 — | |
| muning undress mill BETT LOST OF FICE BOTS | 1> | |
| B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here: | ess on our records, enter the name of | the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Er | nter 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------------|----------------------|----------------|
| MGR | ANTHONY ROSARIO AYALA | 319 SIBERT AVE LOT 5 | ⊟ Add |
| | | DESTIN, FL 32541 | ☐ Remove |
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| lote: If the date inserted in this block do ocument's effective date on the Departm | | nts, this date will not be listed |
| | | ::01 a.m. on the earlier |
| The 90th day after the record is | | ::01 a.m. on the earlier |
| The 90th day after the record is MARCH 30 Lichard Down | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | Æ _E <u>j</u> |
| The 90th day after the record is ated | filed. | ₽e: → |
| The 90th day after the record is ated MARCH 30 Down | re of a member or authorized representative of a member | Accidental |
| Signated Signated | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | 16 APR - |

Filing Fee: \$25.00