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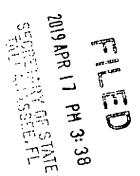
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Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations	:			
SUBJECT: GERALD F	Searfoss_F Name of Limited	Liability Company	stallation L	<u>L</u> C
The enclosed Articles of Amendme	ent and fee(s) are submitte	ed for tiling.		
Please return all correspondence co	ncerning this matter to th	e following:		
_ <	Seapld Sea	R FOSS Name of Person		_
			Installation L	
_70	07 SR 26	Address		_
<u>_/76</u>	elrose Fl	32666		
_ Je	PRY_PAOI E-mail address: (to be	. Com used for future annual r	eport notification)	
For further information concerning	this matter, please call:			
GERALD SEARFOS: Name of Person	\$	at (_ 904) Area Code	263 - 827 6 Daytime Telephone Num	ber
Enclosed is a check for the following	ng amount:			
□ \$25.00 Filing Fee	00 Filing Fee & Crtificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Genald P Sear Foss Flooring (Name of the Limited Liability Company as if no (A Florida Limited Liability C	Installation LLC ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	
Florida document number <u> </u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	many here:
Gerald P Sear Foss Flooring Installation The new name must be distinguishable and contain the words "Limited Liability Compa	
	any, the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	., ~2
(Principal office address MUST BE A STREET ADDRESS)	2019 APR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	30 3
2211 031 011102 8011	u u
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	iress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	The state of the s

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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			□ Change
			D Add
			□ Remove
			Change
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fan eff <u>Note:</u>	we date, if other than the date of filing:
e rec The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	Herald Seafoss Signature of Chember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00 30.00