114000162641

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COVER LETTER

	ration Section of Corpor						
		Flooring, LLC					
SUBJECT:		Name of Limi	ted Liability Company				
		:					
		nendment and fee(s) are sub-					
		Amanda Ross	J				
	F		Name of Person				
		H.B. Ross & Co.					
Firm/Company							
			Address				
		Tampa, FL 33647	,				
	•	:	City/State and Zip Code				
٠		E-mail address: (to be used for future annual report notif	ication)			
For further info	rmation con	cerning this matter, please ca	all:				
Amanda Ross			813 977-9977 at ()				
	Name of P	erson	Area Code Daytime	Telephone Number			
Enclosed is a cl	neck for the	following amount:					
\$25.00 Filin	ng 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)			
		G ADDRESS:	STREET/COURI				

Registration Section
Division of Corporations
P.O. Box 6327

P.O. Box 6327 Tallahassee, FL 32314

I,

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MW Superior Flooring, 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 10/20/2014

Florida document number L14000162641

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.O."				
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS	<u> </u>				
• •	19046 Bruce B Downs Blvd				
	Suite 302				
	Tampa, FL 33647				

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 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>	Address	Type of Action
Member	Cody Wiggins	360 South Hankin Road	⊒ Add
		Bartow, FL 33830	Remove
	!		☐ Change
			□ Add
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E. Effective date, (If an effective date Note: If the dat document's effe	is listed, the date in the inserted in the	te must be speci his block does	f filing: _ ific and can s not meet	the applica	o date of filin ble statutory	g or more the	an 90 days af	tional) ter filing.) Po his date wi	ursuant to	605.020 listed a	07 (3)(b as the
If the record spe (b) The 90th da				e, but not	an effect	ive time,	at 12:01	. a.m. on	the e	arlier (of:
Dated	11		,	016							
	v /	11/60									
=	 	Signatur	re of a mem	ber or author	ized represer	ntative of a r	nember			_	

Page 3 of 3

Filing Fee: \$25.00