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TALLAHASSEC, FLORIDA
SECRETARY OF STATE
OF STATE
SECRETARY OF STATE
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COVER LETTER

SUBJECT: BRAN	WOON ARNO	OLD FLOOR	ING LC	:C	
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	BRANDON	ARNOLD Name of Person			
		Name of Person		Think to the Total Control of the Co	
		Firm/Company			
	1200 1371	Y AVENUE Address	5 WES	; 7	
		Address			
	PALMET	City/State and Zip Code	34221		
	Envyus Floorin E-mail address: (t	90 Hotmail,	constructification		
For further information co	oncerning this matter, please ca		ероп пописацоп)		-17
BRANDE	V ARNOLL Person	2 at (941)	567-9	415	
Name of	Person	Area Code	Daytime Telepho	r?	
				25 T	
Enclosed is a check for the	e following amount:			Sin J	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

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 2-25-15 and assigned Florida document number <u>4150000</u> 38794 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ENVY US FLOOR/NG 44C

The new name must be distinguishable and contain 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: CIL U Name of New Registered Agent: New Registered Office Address: Enter Florida street address ...

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

Zip Code

MGR = Ma AMBR = Au	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MBR	CHRISTOPHER ASBURY	1145 CARMELLA CIRATADA GARAGOTA, FL 34243 Remove		
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	A.S.	2016	-71
Effective date, if other than the date of filing:	ptional)	TAN -	To a second
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements	after filing this date	.) P uls uant will-pot b	to 605,0207 (3 e listed as th
document's effective date on the Department of State's records.	FLORIE STATE		
he record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	ਲੋੜ)1 arm.	onfthe	earlier of:
Dated FEBRUARY 28, 2018.			
Dated FEBRUARY 28, 2018.			
Signature of a member or authorized representative of a member			
BRANDON ARNOLD Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00