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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Innovations floor Covering Services, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carlos Alonso N. Name of Person	
Innovations floor Covering Services LLC.	
4280 middlebrook Rd Apt 128	
Orlando fl. 32811 City/State and Zip Code	
City/State and Zip Code Mire 05 Perez 6 Hot mail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	7
For further information concerning this matter, please call:	
Carlos Alonso N. at (40) Area Code Daytime Telephone Number 371	Ċ
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability	OVERING SERVICES LLC Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>150004146</u>	mpany were filed on <u>03-06-15</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	
Enter new mailing address, if applicable:	AHASSEE.
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ess here:
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

Type of Action Title Name **Address** 4543 Salvia prorlando fl. 32839 Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove Change _ ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
te: If the date inserted in this block does not meet the applicable statutory	illing requirements, this date will not be listed
nument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
ed 30-06-15	
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	ntative of a member

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Typed or printed name of signee

Filing Fee: \$25.00