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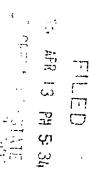
| (Re | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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S. YOUNG

COVER LETTER

| | stration Sec sion of Corp | | | | | |
|-----------------------------------|------------------------------|--|---|--------------------|---|----|
| cup incr. | Peterson | Flooring and Remodel | ling, LLC | | | |
| Name of Limited Liability Company | | | | | | |
| | | amendment and fee(s) are sub | · | | | |
| | | Quinton Peterson | | | | |
| | | | Name of Person | | | |
| | | Peterson Flooring a | nd Remodeling, LLC | | | |
| | | | Firm/Company | | | |
| | | 1204 South Edgewo | ood Drive | | | |
| | | | Address | | , <u>, , , , , , , , , , , , , , , , , , </u> | |
| | | Dothan, AL 36301 | | | FPR 1 | |
| | | | City/State and Zip Code | | | == |
| | | deandreadpeterson@ | | | `` | 1 |
| | | | to be used for future annual report notic | ication) | - P | ٠ |
| For further in | formation co | ncerning this matter, please c | all: | | . <u> </u> | |
| Quinton P | eterson | | 334 435-3982 | | . 4. | |
| <u> </u> | Name of | Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a | check for the | e following amount: | | | | |
| ■ \$25.00 Fi | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & | |

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

Peterson Flooring and Remodeling LLC

| (Name of the Limited Liability Company as it (A Florida Limited Liability | now appears on our records.) Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company were for the following formula document number <u>L15000057286</u> . | iled on April 1, 2015 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability co | mpany here: |
| The new name must be distinguishable and end with the words "Limited Liability Co | upany," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | : 3 -Ā |
| | |
| | |
| Enter new mailing address, if applicable: | (3) [T] |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: | ddress on our records, enter the name of the |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| Ci | ty 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| MGR=\ | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|-------------------------|-----------------|
| AMBR | Quinton Peterson | 1204 South Edgewood Dr. | ■ Add |
| | | Dothan, AL 36301 | □ Remove |
| MGR | Christopher Patten | 268 Malibu Street | B Add |
| | | Kinsey, AL 36303 | □ Remove |
| | | | |
| | | , | □-Remove |
| | | | نين نين ط |
| | | | Remove |
| | | | |
| | | | Remove |
| | | | |
| | | | □ Remove |
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| | er information, enter change(s) here: 7. | |
|----------------------------|--|---|
| , | | |
| <u> </u> | | |
| | | |
| | | |
| | | |
| The effective date must be | er than the date of filing: specific, cannot be prior to date of receipt or filed of filed by the Florida Department of State) | (optional) date and cannot be more than 90 days after |
| Dated April 7th | 2015 | |
| | Made De | Qu |
| - | Signature of a member or authorized | d representative of a member |
| DeAndre | ea Peterson | |
| | Typed or printed na | me of cinner |

Page 3 of 3

Filing Fee: \$25.00