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SECRETARY OF STATE
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COVER LETTER

SUBJECT: Floor Pros Installation 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:		
Christopher Talavera Name of Person		
Floor Pros Installation		
1531 MAISH WOOD Dr.		
Seffner F 33584 City/State and Zip Code	TAL SE	
Floor prosinstallation LLC @ Vanov. E-mail address: (to be used for future annual report notification)	EGNA SA	<u> </u>
For further information concerning this matter, please call:	HOY F	Ш
Chris Talayera at (813) 802-0346 Name of Person at (813) Daytime Telephone Number	PH 2: 41 FLORIDA	. ·
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	of Status &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

Pour Ac	os Installation LLC
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 4/29/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	≥SE 66
B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	mo III
Name of New Registered Agent:	FSTA 2
New Registered Office Address:	NE E
	Enter Florida street address
	, Florida

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 **Title** <u>Name</u> **Address** Type of Action Hoenes 1531 Marsh Wood Dr And Edward Seffrer, FZ 33584 ☐ Remove ☐ Change Michelle Martinez 1531 Marsh Wood Orgando Seffner PL 33584 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Change ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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an effective date is lis ote: If the date ins	ted, the date must be spe	ecific and cannot be ses not meet the ap	prior to date of filing or plicable statutory fil	more than 90 days a ing requirements,	fter filing.) Pursuant to 6 this date will not be li	605.0207 isted as
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Filing Fee: \$25.00