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COVER LETTER

TO: Registration Division of			
SUBJECT:	FAULKNER FO	LOORING LIĆ	Jan 1980
	Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Treturn all correspondence concerning this matter to the following: JOHN D FAULKNER JR		
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	JOHH 6	FAULKNER JR	
	FAULKNER	FLOO RING CCC Firm/Company	<u> </u>
	1602 NE	22 ST. Address	
	JENSEN BE	ACH FL 3495	7
	_	_	
For further information	·	·	
JOHN FA	NUKNER IR ne of Person	at (615) 3)9 - Area Code Daytime	438) e Telephone Number
Enclosed is a check for \$25.00 Filing Fee	· · · · · · · · · · · · · · · · · · ·	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallidazzas El 32214

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
Cost Executive Contra Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAULING	A FLOORING LLI ity Company as it now appears of a Limited Liability Company)	<u> </u>			
(A Florid	a Limited Liability Company)	on our records.			
The Articles of Organization for this Limited Liability (Company were filed on	6-5-15	an	ıd assig	ned
		. =		Ũ	
This amendment is submitted to amend the following:					
4. If amending name, enter the new name of the lim	ited liability company here	:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "LLC" or the	abbreviation	on "L.L.(C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDI	RESS)				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
			773 38∞ (20	
B. If amending the registered agent and/or regis		our records, <u>ent</u>	er the n	arme of	the nev
egistered agent and/or the new registered office add	<u>lress here</u> :		75 TO		1 1
			F 77	29	-
Name of New Registered Agent:			05 05		177
New Registered Office Address:			E S	± 2:	
New Registered Office Address.	Enter Florida	street address	100	£	
		, Florida	, Eire		
	City		Zin i	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 an statutes retained to the proper and complete performance of my matters, and i am jumitar 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 returned from our recorders.

MGR = Manager

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action
AMGR	JOHN FAULKHERUR	1602 NE 2210 ST. JENSEN BEAC FLORIDA 34957	<u>N</u> Add
			☐ Remove
			Change
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te: If the date inse	d, the date must be sper rted in this block does	es not meet th	nt be prior to d ne applicable	ate of himg or r statutory filir	nore than 90 day ng requiremen	vs after film its, this dat	g.) Punsus e Willing	antuar60: otberhist	5.020 ted a:
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he 90th day aff	. 21 15								
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he 90th day aff	- 26-15	,							
he 90th day aff		Fa\		d representativ	e of a member				

Page 3 of 3

Filing Fee: \$25.00