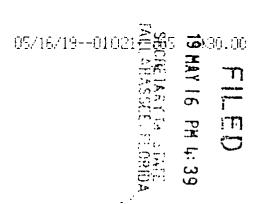
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT: <u>Ale</u>	x'5 Hone Impo	covenent: So ited Liability Company	lutions, LLC.	
The enclosed Articles of	Amendment and fee(s) are sub-	initted for filing.		
	ondence concerning this matter	-		
rease return an extrespo	nuclee concerning this matter	to the following.		
	Alexis	Name of Person		_
	Als Plus	Flooring Se	rvices, LLC	_
	16428 G	Address	Dr.	_
		Address		_
	Orlan	10, FL 3.	2828 OMCest. Wet	_
	- /	City/State and Zip Code		
	E-mail address:	Flooring Co	OMCEST. LET	
For further information of	concerning this matter, please ca		,	
Alexis à),'& Z	at (_32/_)	303-897/ Daytime Telephone Numbe	
Name o	f Person	Area Code	Daytime Telephone Numbe	T .
Enclosed is a check for t	he following amount:	•		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is one	Certifica closed) Certifica	ate of Status &
Registi Divisio	ING ADDRESS: ration Section on of Corporations	Registrat Division	T/COURIER ADDRESS: tion Section of Corporations	
	ox 6327 assee, FL 32314	Clifton B 2661 Exc	nutting contive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	g pervices, LLC.			
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number	1			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	pited liability company here:			
	anited Liability Company," the designation "L.L.C."			
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address of New Registered Agent:	istered office address on our records, enter the pame of the n dress here:			
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registere				
provisions of all statutes relative to the proper and e	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amendin	g Authorized Person(s) authorized to i I from our records:	nanage, <u>enter the title, name, ar</u>	nd address of each person being ado
MGR = N AMBR = A	Tanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
			Remove
			Change
			95.5 5 7 7 1 1 1 1 1 1 1 1 1 1
			Change Add
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	must be specific and cannot is block does not meet the	applicable:		e than 90 days a			
e record specifies a dela The 90th day after the		out not an	effective tir	me, at 12:0	1 a.m. on ti	he ear	lier o
ated <u>05-13-2</u> 0	19		- ~				
		2	7/				
<u> </u>	Signature of a member	or authorized	representative o	f a member			
	Alexin	or printed nar	2				
	Typed	or printed nar	ne of signee		-		

Page 3 of 3

Filing Fee: \$25.00