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SEPREMAY OF STATE
SEPREMAN SSEE FLORIDA

SEP 25 2015 S. YOUNG

COVER LETTER	**************************************
TO: Registration Section Division of Corporations	**************************************
SUBJECT: M. Q. R. Flooring 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:	
Mathew Rogers	-
M.a.R. Flooring LLC.	-
4711 Trout ave.	SEP 2
Storing F1 33870 City/State and Zip Code	SEP 24 PM 5-03 SEP 24 PM 5-03 SEP 1/MOSSEEL PLONIDA ANIMASSEEL PLONIDA
E-mail address: (to be used for future annual report notification)	ATE ONDE
For further information concerning this matter, please call:	
Tiffany Daigli at (8103) 214 7127 Math Name of Personal Pool of Substance of Personal Pool of S	er

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

I certify from the records of this office that M.A.R FLOORING LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on September 16, 2015, effective September 15, 2015.

The document number of this company is L15000157853.

I further certify that said company has paid all fees due this office through December 31, 2015, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 150918130219-900277147589#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighteenth day of September, 2015

TO THE PARTY OF TH

Ken Detzner Secretary of State

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

M.A.R. Flooring LL	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Co	npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L15000157853</u>	on Sept. 16, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	STP 24
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addiregistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
E	nter 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

Address Type of Action Title <u>Name</u> Mothrew Rogers Add Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change 100 ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effect	ive date, if other than the date of filing:
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.on the earlier of: 90th day after the record is filed.
Dated	SCP+. 22 , 2015.
	Matthew Rogers Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Tuned or printed name of cignes

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Filing Fee: \$25.00