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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Floorz up LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
William Samuelson Name of Person
Floorz up
5426 W. Crenshaw St. Suite A
Tampa, FL 33634 City/State and Zip Code bill @ Start 2 finish flooring. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Samuelson at 727 599.7437 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$55.00 Filing Fee Scriffied Copy (Certified Copy (additional copy is enclosed))

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

	RZ Ui					
(Name of the Limited (A	Liability Company Florida Limited Lic	cas it now appears or ability Company)	on our records.)			
The Articles of Organization for this Limited Liab	oility Company w 745	ere filed on 10) 5 201	<u>5_</u>	and assi	gned
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited liabili	ty company here	2:			
The new name must be distinguishable and contain the wor	d. of imited tiphilis	Community the desi	innation "I I I" or t	h i abbenije		<u> </u>
•	·	y Company, the desi	ignation ELC or t	ne annievi	mon L.i	
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET				<u> </u>	291	
				<u></u>		<u> </u>
Enter new mailing address, if applicable:				ASSE F	¥3+	1
(Mailing address MAY BE A POST OFFICE BE	<u>2X)</u>				<u>≯</u>	
				<u> 불원</u> 학	8: 24	<u> </u>
B. If amending the registered agent and/or	• '		our records, <u>er</u>	iter the	nam <u>e (</u>	of the new
registered agent and/or the new registered offic	e address nere:	_				
Name of New Registered Agent:	<u>Willia</u>	<u>am Ja</u>	muelsi	on		
New Registered Office Address:	54a6	W. Crev Enter Florida	1Shaw a street address	St.	Sui	te A
	Tam	Pa	, Florida	331 zi	<u>534</u> ip 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

<u>Title</u>	Name	Address	Type of Action
MGR	Erik Samuelson	5429 W. Crenshaw	SEO Add
		Suite A	Remove
		Tampa, FL 33634	
AMBR	William Samuelson	5426 W. Crenshaw	St. XAdd
		Suite A	□ Remove
		Tampa, FL 33634	🖸 Change
			🗆 Add
			□ Remove
			□ Change
			🗀 Add
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Filing Fee: \$25.00