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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporati	ions		
SUBJECT:	LK Wall Name of Limite	Covering LLC ad Liability Company	<u>, </u>
The enclosed Articles of Amend	dment and fee(s) are submi	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
	Gerald GLK W41 4634 Co Orlando Deauticán E-mail address: (fb	Name of Person (OUCYING 3 (OAFirm/Company) Olege Dr Address CityState and Zip Code Box Cahoo Cobe used for future arrival report notification	tings / EX
For further information concern	ning this matter, please call	:	
Berald L. Name of Perso	· Kirkland	at (<u>407</u>) <u>486-</u> Area Code Daytime Tel	4669 ephone Number
Enclosed is a check for the follo	owing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$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 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**

GLK Wallcovering LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 12-11-2015 and assigned Florida document number 15000 206897.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: GLK Wall covering and Coatings LLC The new name must be distinguishable and contain the words "Limited Liability Company," the Jesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Julie E. Kirkland.
New Registered Office Address: 4634 College Dr Jenter Florida street address
Orlando FL, Florida 32811 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.

IT 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Ap	Julie E. Kirkland	4634 College Dr	Add
		4634 College Dr Orlando , Fr 32811	▼ Remove
	•		Change
AP	Gerald L. Kirkland	4634 College Dr Orlando, FL 32811	X Add
		Orlando, FL 32811	Remove
			Change
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Filing Fee: \$25.00