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PALM BEACH COUNTY, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEEN & SONS 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:

ANGEL DIEZ

Name of Person

DBS DIEZ BUSINESS SERVICES INC

Firm/Company

4125 W WATERS AVE

Address

TAMPA, FL 33614

City/State and Zip Code

DBS.10@VERIZON.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL DIEZ

813

871-1816

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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**

KEEN & SONS FLOORING 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 05/10/2016 and assigned
Florida document number L16000091501.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6197 OLD BAGDAD HWY

MILTON, FL 32583

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6197 OLD BAGDAD HWY

MILTON, FL 32583

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:

PAUL W KEEN

New Registered Office Address:

6197 OLD BAGDAD HWY

Enter Florida street address

MILTON

City

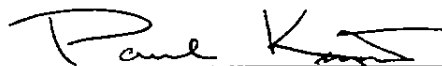
Florida

32583

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PAUL W KEEN	6197 OLD BAGDAD HWY	<input checked="" type="checkbox"/> Add
		MILTON, FL 32583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAUL W KEEN II	6197 OLD BAGDAD HWY	<input checked="" type="checkbox"/> Add
		MILTON, FL 32583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 1, 2016

PAUL W KEEN

Filing Fee: \$25.00