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COVER LETTER

	Registration Sec Division of Corp			,
oud ise	ECK Floori	ng, LLC		
SUBJEC	CT:	Name of Limit	ted Liability Company	
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r iouse re	van an concept	Carrie Gilbert	o u.o 10110 11 11 15	
			Name of Person	
		Gutta, Sharfi, & Co.		
			Firm/Company	
		490 Sawgrass Corp Pkwy S	Suite 310	
			Address	
		Sunrise, FL 33325		
	Name of Person Gutta, Sharfi, & Co. Firm/Company 490 Sawgrass Corp Pkwy Suite 310 Address Sunrise, FL 33325 City/State and Zip Code frandelacruzmendez@hotmail.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:			
		•		antion
For furth	ner information co		•	Cations
Frank C			at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

ECK Flooring, LLC		
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on July 13, 2016	and assigned
Florida document number L16000132209	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:	 -	
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
		6
B. If amending the registered agent and/or reg	gistered office address on our records, <u>e</u> Idress here:	nter the name of the new
the new registered office at	autos nere.	7
Name of New Registered Agent:		P //
		- 100 F-
New Registered Office Address:	Enter Florida street address	
	, Floric	da Zip Code
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Segundo Padilla	10423 Harrier St.	
		Plantation, FL 33324	■ Remove
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ment's effective date on the Department of State's records. Tecord specifies a delayed effective date, but not an effective time, at 12:01 a	m on the	earlie
he 90th day after the record is filed.	.m. Qn cne	Cultic
September 9 2016		
X / Jacks		
Signature of a member or authorized representative of a member		
Lisheth Belen Chala Garcia		

Page 3 of 3

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