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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		R FLOORING & RENOVATION	ON LLC	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		STEVE NGUYEN		
			Name of Person	
			Firm/Company	
		5305 RIVERTON ROAD		
		· - 	Address	
		JACKSONVILLE FL 322	77	
			City/State and Zip Code	
		designerflooringandrenovat	- -	
		E-mail address: (I	to be used for future annual report notifi-	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
STEVE NG			904 9555966 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
≘ \$ 25.00 F	Hing 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

TO:

Registration Section

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

DESIGNER FLOORING & RENOVATION 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 09/07/2016 and assigned Florida document number L16000167521 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
MGR	ERIC BINH LAM	5305 RIVERTON ROAD	■ Add
		JACKSONVILLE FL 32277	☐ Remove
			Change
			Add
			Remove
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			☐ Change
			Add
			☐ Remove

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Signature of a member or authorized representative of a member	ئىتىر	—— عربی نسندست سنند سسنسی							
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Filing Fee: \$25.00