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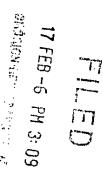
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O SIMMONS FEB 07 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Zada Flooring UC
Name of Limited Liability Gompany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mailpha Orbz
Name of Person
Firm/Company
V 2 () (01/5
Address
<u> </u>
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Maloha URhi 11(321) 2396544
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status 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

Zada F	loovine 11c	
(Name of the Limited Liability Con (A Florida Limit	nnany as it now appears on our records. ed Liability Company)	2)
The Articles of Organization for this Limited Liability Compa	ıny were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company " the designation "LLC"	or the abhreviation "L.L.C."
-	company, and designation and	
Enter new principal offices address, if applicable:	 	هد این
(Principal office address MUST BE A STREET ADDRESS)		7 FBB -6 PH
	•	9 6
Enter new mailing address, if applicable:		11
(Mailing address MAY BE A POST OFFICE BOX)		
	40.	3.
		9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
***************************************		rida
	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>	Address	Type of Action
acorte	Mailoha D. Sonkitts		□ Add
mgr			□ Remove
			Change
mgr	Jose Valentin	R Box 10/16945	O Add
·	Orlando FL 32861	Remove	
		· · ·	Change
mar	Leandro Sontos	Po Box 6/6945	DAdd
Di o ina		Orlando FL 32861	🗆 Remove
. 0			Change
AIS	Eyoshi Castillo	Ho Box 61945	□ Add
		Orlando FL 32861	Change
			Change
			PH 3: 09
			□ Remove
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ctive date, if other to effective date is listed, the	nan the date of a date must be specif	fic and cannot be prior	to date of filing or n	ore than 90 days afte	ional) or filing.) Pursuant to 605.0	207
if the date inserted iment's effective date	in this block does	not meet the applica	ıble statutory filir	ig requirements, thi	is date will not be listed	as
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	Signature	Malak	rized representative	Salul	<u>6</u>	

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Filing Fee: \$25.00