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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Johnson's Flooring Installation L.L.C. Name of Elmited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tinothy E. Johnson Name of Person
Johnson's flooring Installation L.L.C. Firm/Company
603 W. Oak Terrace Drive
Leesburg, FL. 34748 City/State and Zip Code
Johnsons Flooring Install as ion agmail. Com E-mail address: (to be used for lature annual report notification)
For further information concerning this matter, please call:
Timothy E. Johnson at (352) 805 - 3959 Name of Person at (352) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

Johnson's + looming	1 Installationsilil'	
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L1700005735</u> .	pany were filed on O1-06-7017 and assig	med
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L		C.".
Enter new principal offices address, if applicable:	ω 	English Control
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	SATE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		f the new
Name of New Registered Agent:		
New Registered Office Address:		
	<u>Enter Florida street</u> address	
	, Florida	
	City ZID 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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
4MBR	Joshua Johnson	603 W. Oak terrace	t Add
		603 W. Oak terrace Dr. Leesburg Fl 3474	Remove
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			□ Remove
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Filing Fee: \$25.00