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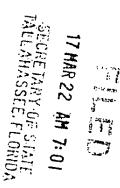
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COVER LETTER

то:	Registration Section Division of Corpor	ations	0	Λ , —, —
SUBJE	ECT:	Name of Limi	r & Flooring ited Liability Company	And Titles Seures
The en	closed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		Germa	Name of Person	
			Firm/Company	
		5556	Showalter De	r
		Orland	City/State and Zip Code	<u></u>
	_	E-mail address: (t	o be used for future annual report notif	ication)
For fur	ther information conce	erning this matter, please ca	•	
Englos	ed is a check for the fo	Harring amounts		
_		_	There as pure to the	F # (0.00 F))
凶 \$2:	5.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & 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

(Name of the Limited Liab	Floring A ility Company as ir now app da Limited Liability Compan	No /i//osears on our records.)	nics 130	7
The Articles of Organization for this Limited Liability Florida document number		1.23.201	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the line of	Flooring Am	Tiles S	EXUCES J	.c."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)		<i>S</i> ₀ = 1	
Enter new mailing address, if applicable:			MAR 22 METARY AHASSEI	Labelles Ga company
(Mailing address MAY BE A POST OFFICE BOX)			9 3	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records, <u>ent</u>	or the name o	f the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida street address		
·		, Florida		
	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
·			Add
			□ Remove
			☐ Change
 -			Add
			Remove
			Change
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Effective date, if an effective date in Note: If the date document's effective date in the	is listed, the date inserted in thi	must be specific s block does n	e and canno ot meet tl	ot be prior to he applicab	date of filing de statutory f	or more than 90 iling requiren	(option days after finents, this contact the contact this contact the conta	ling.) Purs	uant to 6 not be li	605.0207 (3)(b) isted as the
ne record spe The 90th da				but not	an effectiv	e time, at	12:01 a.	m. on th	ne ear	lier of:
Dated 3	20		, _)	017	.•					
Janea		Signature		/						

Page 3 of 3

Filing Fee: \$25.00