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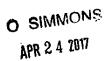
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Office Use Only



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COVER LETTER

TO:	Registration So Division of Cor	ection , rporations		
CUDIC		G FLOORING DESIGN ENT	ERPRISE LLC	
SUBJE	CI:	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		EMIRO M TRIANO		
			Name of Person	
			Firm/Company	
		2031 A LEWIS TURNER BLVD		
			Address	
		FORT WALTON BEACH	I, FL 32548	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For furtl	her information c	oncerning this matter, please c	all:	
EMIRC	M TRIANO		850 225-2697 at ()	
	Name o	f Person	Area Code Daytime	Felephone 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:

1,

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

CTUNINING DECICAL ENTERPRISE LEC

TERRRISE LLC	
Florida Limited Liability Company)	
lity Company were filed on 01/31/2017	and assigned
ng:	
e limited liability company here:	
s "Limited Liability Company." the designation "LLC" or	the abbreviation L.L.C.
e:	70 70
(DDRESS)	
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registered office address on our records, <u>e</u> <u>address here</u> :	nter the name of the new
	
Entar Florido etroat addrases	
, Florid	a Zip Code
	iability Company as it now appears on our records.) Florida Limited Liability Company) lity Company were filed on 01/31/2017

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	JAVIER FERNANDO VASQUEZ	5 MOONEY RD UNIT IC	∃ Add
		FORT WALTON BCH, FL 32547	Remove
		2031 A LEWIS TURNER BLVD	□ Change
PRES	EMIRO J TRIANA MOZO	FORT WALTON BCH, FL 32548	□ Add
			Remove
			☐ Change
			Remove
			□.Change
			Add (II)
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		<u></u>	□ Remove
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			□ Change

EMIRO J TRIANA MOZO	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to da : If the date inserted in this block does not meet the applicable	te of filing or more than 90 days after filing.) Pursuant to 605.
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlie
ne 90th day after the record is filed.	,
ad APRIL 18TH 2017	
su # <i>UA/I </i>	

Typed or printed name of signee

Filing Fee: \$25.00