

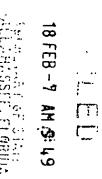
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COVER LETTER

Division of Cor			
SUBJECT: _	&D GBERG	LLC LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CLAYTON	T. PHWPS Name of Person	
	C 8 i) FIBERGLASS, CL	c
		Firm/Company	
	4141 FAC	Address	
		Address	
	NEW SMY	ENA BÉACH, FR	32168
	CLAY PHI	City/State and Zip Code WIPS 93@ YAHOO. CO	~
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
CLAYTON	T PHUIPS	at (386) 315- Area Code Daytime	3417
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e 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:

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

CSD FIBERG	LASS 1.1 C
(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on FEB. 10, 2017 and assigned
Florida document number <u>L 17 0000 337 10</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
PHILLIPS FLOORING The new name must be distinguishable and contain the words "Limited Liability".	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	4141 FALLING LEAF DRIVE
(Principal office address MUST BE A STREET ADDRESS)	NEW SMIRNA BEACH, FL
J. M. J. L.	32168
Enter new mailing address, if applicable:	141 FALLING LEAF DRIVE NEW SMYRNA BEACH, FZ
(Mailing address MAY BE A POST OFFICE BOX)	NEW SMYRNA BEACH, FZ
	32168
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	£ . 60
	Enter Florida street address
	City Florida Zin Code 3

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		
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Effective date, if other than the date fan effective date is listed, the date must be son the late inserted in this block dedocument's effective date on the Depart	ecific and cannotes not meet t	he applicabl	late of tiling or	more than 90 day	(optional) s after filing.) s. this date w	Pursuant vill not b	to 605.0 e listed)207 i as
ne record specifies a delayed effor The 90th day after the record i	ective date, s filed.	, but not a	n effective	time, at 12	:01 a.m. o	n the e	earlier	rof
Dated JAN 30		2018	1 M					
(last		40	ree					

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Filing Fee: \$25.00