117000053137

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COVER LETTER

TO:	. Registration Sect Division of Corpo		en e e e e e e e e e e e e e e e e e e	er.
SUBJI	ect: <u>Glor</u> i	ous Floors Lil	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		David	Name of Person	
			Firm/Company	
		120 Alfai	r Rd Address	
			34293 City/State and Zip Code 920 Cmal, com	
		David Fenin E-mail address: (1	a 2 @ Cyngl, Com	fication)
For fur	ther information con	cerning this matter, please ca	ill:	
_D	avid Feni-	Person	at (941) 615-7 Area Code Daytim	75709 e Telephone Number
Enclos	ed is a check for the	following amount:		/
□ \$2:	5.00 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

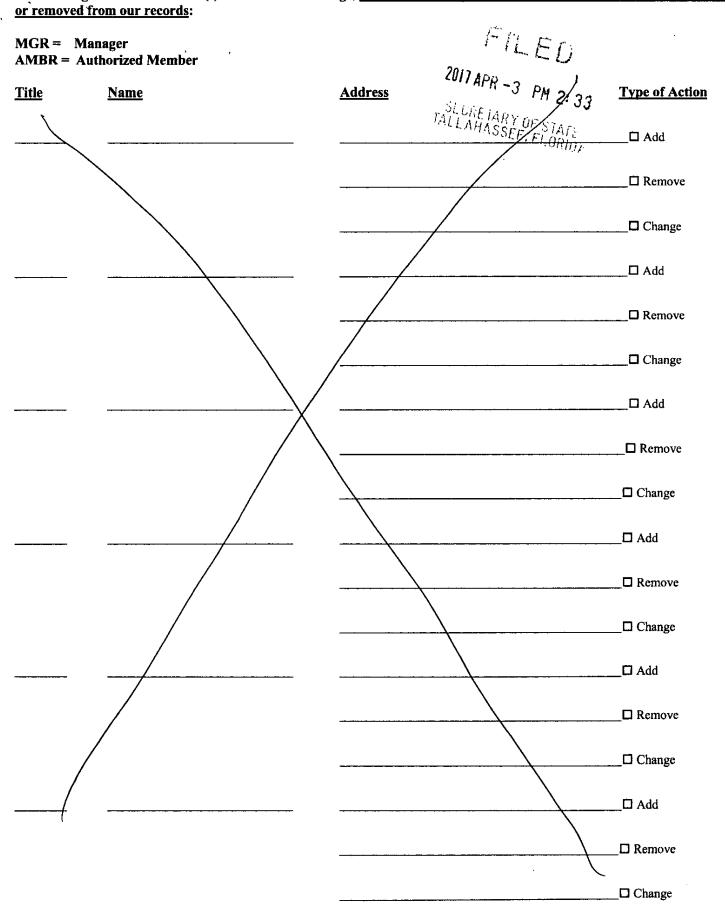
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ARTICLES OF O	RGANIZATION F// F
Ol	RGANIZATION F 2017 APR - 3 PM 2: 33 PA 2: 33 PA 2: 33 PA 3: 1t now appears on our records. PA 2: 33 PA 3: 1t now appears on our records. PA 2: 33
	-01/APR-3
Colordones Flores 1-10	· PM 2: 20
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
(A Florida Limited Li	ability Company)
	- 10 1 07 2017 · · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	were filed on Morch U1, 2011 and assigned
Florida document number <u>L1700053137</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Floors of Glory LLC	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office agaress in OST DE ASTREET ADDRESS	
	\times
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Training wastess Will Diff LODI Of Thos Bony	
D. 16 1 1 1 1 1 1	Part 11
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and/of the new registered office address here	·
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address

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:



	PALLAHASSEE FLORING
	2017 APP
	3 PM 2
	TALLAHARY DE
	To Str. Floor
	X
Effective date, if other than the date of filing:	(optional)
	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (clicable statutory filing requirements, this date will not be listed as t
document's effective date on the Department of State's recor	
ne record specifies a delayed effective date, but i	not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	,
Dated 4/01/17 12:01	o Jh
1	
	0
Signature of a member or au	athorized representative of a member
David Fenin	
Typed or pr	inted name of signee

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Filing Fee: \$25.00