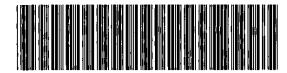
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| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|------------------------------------------|-------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
| MAHALO F | LOORING LLC | | | | |
| SUBJECT. | Name of Limited L | iability Company | | | |
| The enclosed Articles of A | mendment and fee(s) are submitted | d for filing. | | | |
| Please return all correspon | dence concerning this matter to the | e following: | | | |
| • | MANUEL MIRANDA | | | | |
| | | Name of Person | | | |
| | MAHALO FLOORING LLC | | | | |
| Firm/Company | | | | | |
| | 13615 BAYVIEW ISLE DR APT 107 | | | | |
| | | Address | | | |
| | ORLANDO FL 32824 | | | | |
| | Cit | y/State and Zip Code | | | |
| | MANUEL.MIRANDAEC@HOT | | | | |
| | E-mail address: (to be u | used for future annual report notificat | ion) | | |
| For further information con | ncerning this matter, please call: | | | | |
| MANUEL MIRANDA | | 321 4442442 at () | | | |
| Name of | Person | | lephone Number | | |
| Enclosed is a check for the | e following amount: | | | | |
| ■ \$25.00 Filing Fee | - | \$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

| MAHALO FLOORING LLC | | |
|------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------|
| (Name of the Limited L (A F | dability Company as it now appears on our recolorida Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liabil | lity Company were filed on | and assigned |
| Florida document numberL17000086670 | | |
| Γhis amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | 2: | |
| Principal office address MUST BE A STREET A | DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | |
| | | |
| B. If amending the registered agent and/or | • | rds, enter the name of the n |
| registered agent and/or the new registered office | address here: | |
| Name of New Paristand Assets | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ada | luna |
| | | |
| _ | , | Florida Zip Code |
| | Cuy | zip Coae |

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 Sent

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 |
|--------------|----------------|-----------------------------|--------------------------------------------|
| AMBR | MANUEL MIRANDA | 13615 BAYVIEW ISLE DR APT 1 | |
| | | ORLANDO FL 32824 | □ Remove |
| | | | □ Change |
| | | | Add |
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Filing Fee: \$25.00