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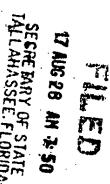
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### **COVER LETTER**

TO: Registration Section ' Division of Corporations							
SUBJECT: Elton Gerena Floors LLC Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Etton Gerena Name of Person							
Elton Gerena Floors, U.C.							
2116 SE Lucca Street							
Address 2405CO							
POPT St-Lucie FL 34952 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Etton Gerena at (112) 261 - 2237  Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$\$ Certified Copy (additional copy is enclosed)}\$\$\$ 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

citon Gerena	Moors, LLC
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on 7/13/2017 and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
ELG Floors, UC	·
The new name must be distinguishable and contain the words	Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	ASS R
	Enter Florida street address
	, Florida Zip City
New Registered Agent's Signature, if changing Registe	₹\$ U

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 = M $AMBR = A$	anager , uthorized Mem	, ber		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Roudet	Velasquez Pinor	1326 Sw Del Rio BIVd PORT St. Lucie, FL 34953	M Add
				🗆 Remove
				Change
AMBR	Elton	Gerena	2116 SE Lucea Street Port St. Lucie, FL 34956	Add
				□ Remove
				Change
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				Remove
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n eft <u>ete:</u>	ve date, if other than the date of filing: (optional certive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	ig.) Pursua	nt to 60 t be lis	15.020 ted a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	. on the	e earl	ier o
	8/25/17			
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Page 3 of 3

Filing Fee: \$25.00