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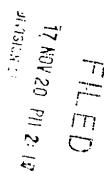
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COVER LETTER

Division of Corporations
SUBJECT: Robby's Floor Colling Installations LC 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:
PENLLY Ellev Name of Person
Robay's Floor Calling Troballations, LLC
379 Donna La
Definial Springs FL 32433 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 520 - 3587 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee ☑ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy 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

ons LLC
He 2017 and assigned
LC" or the abbreviation "LL.C." -7"
- FTI
<u> </u>
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rds, enter the name of the new
ress

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

Defunial Jovings, Florida 32433

Page 1 of 3

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 = A	uthorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
AMBR	Robby Peters	379 Danvaln, Definial Springer Add Flovida, 32433				
	J	Florida, 32433	Remove			
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ne record specifies The 90th day aft			: not an effec	tive time, at 12	2:01 a.m. on	the earlier	r of :
Dated NOVLING	ser 15th		7				
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Page 3 of 3

Filing Fee: \$25.00