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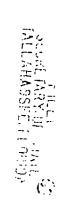
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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	Michaels F	looring		
SOBOLA.	.1.	Name of Lim	ited Liability Company	<del></del>
The enck	osed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Michael Oharra		
			Name of Person	<del></del>
		Michaels Flooring		
			Firm/Company	<del></del>
		10428 Fordham St		
			Address	
		Spring Hill, FL 34608		
		27/2 1	City/State and Zip Code	
		moharra37@gmail.com E-mail address: (	to be used for future annual report notif	(cation)
For furth	er information c	oncerning this matter, please co	all:	
Michael	Oharra		352 835-2229	
Name of Person		i Person	at ( )	: Telephone Number
Enctosed	is a check for th	re following amount:		
<b>■</b> \$25.0	H) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filling Fee & Certified Copy (additional copy (venclosed)	☐ \$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
Cliffon Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michaels Flooring			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited I		11/16/2017 and assign	ned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		. <del></del>
	<del></del>		
		L.	
Enter new mailing address, if applicable:			- SA
(Mailing address MAY BE A POST OFFICE	: BOX)	R	<u>G</u> ļ
			• · · · · · · · · · · · · · · · · · · ·
	**************************************		
B. If amending the registered agent and registered agent and/or the new registered of	4.		
Name of New Registered Agent:	Michael Oharra		
New Registered Office Address:	10428 Fordham St		
	Enter F	lorida street address	
	Spring Hill	Florida <sup>34608</sup>	
	Cav	Zip Code	

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. Thereby 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 = 'Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Diana Oharra	10428 Fordham St.	
		Spring Hill, F1, 34608	Remove
			<b>■</b> Change
AMBR	Michael OHarra	10428 Fordham St	
		Spring Hill, Ft. 34608	
			□ Change
			Add
			□ Remove
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Tective date, if other than the to n effective date is listed, the date must te: If the date inserted in this blo- cument's effective date on the Dep	be specific and canno ck does not meet th	se applicable s	of filing or more th latatory filing req	(optiona on 90 days after filir direments, this da	ig.) Pursuant to 605.0	11207 d as
record specifies a delayed The 90th day after the reco		but not an	effective time	, at 12:01 a.m	. on the earlie	r of
		17				

Page 3 of 3

Filing Fee: \$25.00