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COVER LETTER

Division of Cor	porations					
subject: SE	Floor in 9 Name of Limi	Pacial vo g and led Liability Company	Carpenty	r 11c	<i>•</i>	
The enclosed Articles of :	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter (to the following:				
	<u> 4055 ei</u>	Name of Person				
		Firm/Company				
	18550 cha	Address See FL 323 City/State and Zip Code	(B(V))	SELABASSI	. 2118 JUN	<u>-1</u>]
					8	FILED
For further information co	E-mail address: (to	to be used for future annual report notifi	cation)	Part of the Part o	211 JUN 18 AM 9:35	Ċ
Name of	f Person	at () Area Code Daytime	Telephone Number	· ·	-	
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing : Certificate of Certified Cop (additional copy	Status &		
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&I Flooring Do	inpany as in Jow appears on our records.)
(Name of the Limited Liability Co	impany as it flow appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	vany were filed on <u>il/29/17</u> and assigned
This amendment is submitted to amend the following:	8
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	\$200 AND CONTROL OF THE PROPERTY OF THE PROPER
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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, 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Steve cleman		
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		Tall. Fl 32310	Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requidenment's effective date on the Department of State's records.	(optional) in 90 days after filing.) Pursuan direments, this date will not	t to 605.0: be listed	207 (3)(b as the
he record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the	earlier	of:
Dated 6/18/18			
Signature of a member or authorized representative of a m	nember		

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Filing Fee: \$25.00