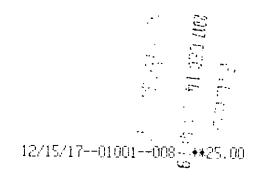
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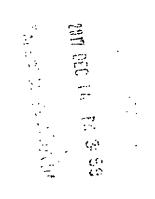
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	Special Instructions to Filing Officer:

Office Use Only



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J. HARRIS

## COVER LETTER • ;

Division of Co			
GKB Floo	ring, LLC.		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	George Bylock		
		Name of Person	
	GKB Flooring, LLC.		
		Firm/Company	·
	2959 Apalachee Parkway	#107	
		Address	
	Tallahassee, FL 32301		
	<del></del>	City/State and Zip Code	
	gkbflooring@icloud.com	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	•	
George Bylock		850 879-2499	
Name (	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$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

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Cor	r appears on our records.) npany)	
The Articles of Organization for this Limited Florida document number L17000245114	Liability Company were filed	I on 11/29/2017 and assign	ied
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability comp	eany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "L1.C" or the abbreviation "L.L.C	• ••
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, enter the name of	the
Name of New Registered Agent:	George Bylock		
New Registered Office Address:	2959 Apalachee Parkway	¥107	
	Ei	nter Florida street address	
	Tallahassee	Florida 32301	
	City	Zip Code	

#### New Registered Agent's Signature, if changing Registered Agent:

GKR Flooring LLC

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

<u>Title</u>	Name	Address	Type of Action
MGR	George Bylock	2959 Apalachee Parkway	■ Add
		#107	☐ Remove
		Tallahassee, FL 32301	☐ Change
MGR	Kimberly Wright	2959 Apalachee Parkway	Add
		#107	■ Remove
		Tallahassee, FL 32301	☐ Change
	<del></del>		
			□ Remove
			☐ Change
			Remove
			☐ Change
			□ Add f
			Remove
			☐ Change
			□ Add
			Remove
			Change

	<del></del>
ffec	tive date, if other than the date of filing: (optional)
an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ment's effective date on the Department of State's records.
0 56	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	e 90th day after the record is filed.
	December 14th 2017
atec	
	Signature of a member or authorized representative of a member  Typed or printed name of signee
	Suprature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00