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SECRETARY OF STATE
ALLARASSEE IN CORP.

K. SALY APR 9 2018

### **COVER LETTER**

TO: 'Registration Sec Division of Corp			
FLOORING SUBJECT:	MASTERS NAPLES LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	PEDRO JOSE VERGARA		
		Name of Person	
	C/O EZ TAX & SERVICE	S INC.	
		Firm/Company	
	12215 COLLIER BLVD, U	NIT #11	
		Address	
	NAPLES, FL 34116		
		City/State and Zip Code	_
	eztaxofnaples@gmail.com	o be used for future annual report no	ification\
For further information as		•	incanon)
For further information co.	ncerning this matter, please ca	11:	
PEDRO JOSE VERGARA		239 206-1660 at ()	
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fec, 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

FILED

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

#### FLOORING MASTERS NAPLES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CEDDLIA DAZ 37. 3010

The Articles of Organization for this Limited Liab		and assigned
Florida document number L18000049829		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
FLOORING MASTERS OF NAPLES, LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	A
(Principal office address MUST BE A STREET.	ADDRESS)	
	<u>'</u>	
Takan ang Pagalana Managaran Pagalan		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	••
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the ney
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	oddraes
	Lines 1 (Oraci Siree)	ww.coa
	City	, Florida Zip Code
	Cuy	<i>Σιρ</i> 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

MGR =	Manager	FILED					
MBR =	- Authorized Member <u>Name</u>	FILED  18 APR -6 PM 2: 43  Address SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action				
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Filing Fee: \$25.00