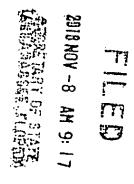
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COVER LETTER

TO: Registration Division of	n Section Corporations	•	
	SFLOORING, LLC		
SUBJECT:	Name of Lit	mited Liability Company	
The enclosed Article:	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	Processing Department		
		Name of Person	
	5605 Riggins Ct Ste 200	Firm/Company	TILED
		Address	THE PERSON OF TH
	Reno, NV 89502		三
	does@incauthority.com	City/State and Zip Code	
		(to be used for future annual report notifical	tion)
	on concerning this matter, please		
Processing Departme		800 638-2320 at ()	dephone Number
7.11	me of Person	Area Code Daytime Te	dephone Number
Enclosed is a check t	or the following amount:		
□ \$25.00 Filing Fed	e S30.00 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)
Re Dir P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MARCSFLOORING, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 10/18/2018	and assigned
Florida document number L18000245476		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MARC'S FLOORING OUTLET, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	353 Airport Rd S	
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34104 USA	
		Sa B
Enter new mailing address, if applicable:	353 Airport Rd S	NON BIRE
Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34104 USA	β1-4 γ, λυ γ, λυ
		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ls. enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	as
		lorida
	City	Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lucas Jensen	353 Airport Rd S	□ Add
		Naples, FL 34104 USA	
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