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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Impressive Floors L.L.C. Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Johnathan Ranlof
	Impressive Floors L.L.C. Firm/Company
	10875 Hwy . 90 Address
	Milton, F1. 32583 City/State and Zip Code Johnathanzaine @gnail.com
For fui	E-mail address: (to be used for future annual report notification)
	Name of Person at (650) 410 57 47 Name of Person Area Code Daytime Telephone Number
1	sed is a check for the following amount: 5.00 Filing Fee Sertificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee Sertificate 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**

lorida document number <u>L 1900001440q</u> . This amendment is submitted to amend the following:	l assigned
re u cal P to IP IPP	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u></u> U
Series de la constant	
nter new mailing address, if applicable:	171
1ailing address MAY BE A POST OFFICE BOX)	

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ronnlof, Michael D	11676 OUTTOOK Rd Mitton, FL, 32583	Add
		MiHon, FL, 32583	X Remove
			☐ Change
			Remove
			Change Signature Add
		SEE. FLORIDA	
		>	□ Add
			Remove
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ective date, if other than the date of filing:	(optiònal)
effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
ed hogost. 29. 2019 Abhrather Kom A Signature of a member or authorized	
ΛI . II	1
(to huather / Your	
Signature of a member or authorized	representative of a member

Page 3 of 3

Filing Fee: \$25.00