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| (Re | equestor's Name) | - |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|---|---|---|
| SUBJECT: | FLOORING S | SOLUTIONS LLC | |
| | | | |
| The enclosed Articles of Am | endment and fee(s) are sub- | mitted for filing. | |
| Please return all corresponde | ence concerning this matter t | to the following: | |
| | SUMM ERLE | E THEODORO | |
| | | Name of Person | |
| | , | Firm/Company | |
| | 1545 <u>Yeu</u> | Address WAY | |
| | Hoccywoor | FL 33019 City/State and Zip Code | FLOOR SOLUTIONS. COM |
| - | 5 mm erlee . E-mail address: (t | THEODORO @ MB F | FLOOR SOLUTIONS. COM |
| For further information conc | erning this matter, please ca | ill: | |
| SummerLEE Name of Pe | THEODORO | at (512) 791 Area Code Daytim | - 0349 ETelephone Number |
| | | • | · |
| Enclosed is a check for the f | ollowing amount: | | |
| S25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

| MB FLOORING SOL | LUTION | is Luc | ン | | | |
|--|---------------------------------------|---------------------------------|------------------------|---------------------------|--------------|------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as imited Liabili | it now appears o ty Company) | n our records.) | | | |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L [9000246911</u> | | filed on <u>[0</u> | 1/01/20 | n <u>Pl C</u> | nd assig | gned |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the limite | ed liability c | company here | ; | | | |
| MB FLOOR SOLUTIONS L | LC | | | | | |
| The new name must be distinguishable and contain the words "Limite | d Liability Co | mpany," the desig | gnation "LLC" or | the abbreviat | on "L.L. | .C." |
| Enter new principal offices address, if applicable: | | | | | | <u>_</u> |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | | | <u> </u> | = | |
| (Principal office address MUST BE A STREET ADDRESS) —— | | | | _뭐_ | | |
| | | | | ٠. | <u></u> | |
| Enter new mailing address, if applicable: | | - | | · · · |)re | 11 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | the abbreviation "L.L.C." | | |
| | | | | <u> </u> | | |
| | | | | - 1 2,77 | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addre | | address on o | ur records, <u>e</u> i | nter the n | ame o | <u>f the nev</u> |
| | , | | | | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | | | | |
| New Registered Office Address: | | | | | | |
| | | Enter Florida | street address | | | |
| | | | , Florid | la | | |
| | (| 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 = -M $AMBR = A$ | anager uthorized Member | | |
|---------------------|----------------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| Note: If the | he date inserte | than the date the date must be s d in this block of e on the Depart | does not m | icet the app | olicable sta | f filing or na tutory filing | re than 90 da requiremen | (optional ys after filin its, this dat |) g.) Pursua e will no | nt to 605 t be liste | .0207 ed as |
| | | delayed eff the record | | ate, but | not an e | ffective ti | me, at 12 | ::01 a.m | . on the | e earlie | er of: |
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Page 3 of 3

Filing Fee: \$25.00