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COVER LETTER

TO: Registration Sec Division of Corp				,
	FLOORING, LLC		3	
SUBJECT:	Name of Limited	d Liability Company		
The enclosed Articles of	Amendment and fee(s) are submi	tted for filing.		
	ndence concerning this matter to			
	Elizabeth Delgado			
		Name of Person		
	ELARIAS FLOORING, LLC			
		Firm/Company		
	1346 BLANDIN STREET			
		Address		
	STARKE, FL 32091			
		City/State and Zip Code		
	Lisa.arias70@gmail.com			
For further information c	E-mail address: (to concerning this matter, please call	be used for future annual report no	outication)	(D
Elizabeth Delgado		904 806-6885		
Name o	of Person	Area Code Dayti	ime Telephone Number	ر جا <u>۔</u> ر جا
Enclosed is a check for t	he following amount:			A 11: 2u
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ing Fee. e of Status &
Mailing Addre Registration Division of C	Section Corporations	Street Address: Registration S Division of C The Centre of	orporations	
P.O. Box 6327 Tallahassee, FL 32314			roe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELARIAS FLOORING, LLC				
(Name of the Limited I (A I	Jability Company as it now appears on our records.) Torida Limited Liability Company)			
The Articles of Organization for this Limited Liabi		and assi	gned	
This amendment is submitted to amend the following				
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.I	C."	
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
		<u>.</u>		
			$\mathbb{C}\mathfrak{I}$	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	X)	,	· 	
		G		
	-	مساور		
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office address on our records, <u>enter the</u> <u>iere</u> :	name of the new	-registere	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address		 -	
	TN. state			
-	, Florid:	z ip 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 = Manager AMBR = Authorized Member

	<u>Address</u>	Type of Action
n Zwingler	7012 Mayapple Road, Jacksonville, FL 32211	= Add
		□Remove
		□ Change
		□Add
		🗆 Remove
		□Change
<u></u>		□Add
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	n Zwingler	

□Remove

Typed or printed name of signee