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T. MATTHEWS NOV 19 2021

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT:NW	FL NECO FLOORS LLC Name of Limited Liability Company
The enclosed Articles of Amer	ndment and fee(s) are submitted for tiling.
Please return all corresponden	ce concerning this matter to the following:
	CHRISTOPHER SCOTT Name of Person
_	NWFL DECO FLOORS LIC Firm/Company
_	4516 E. HIGHWA-1 20, PMB # 122
_	NICEVILLE, FL 32578 City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further information concer	
CHRISTOPHER Name of Person	on at (850) 461-1602 Area Code Daytime Telephone Number
Enclosed is a check for the following	owing amount:
□ \$25,00 Filing Fee □	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

ARTICLES OF ORGANI	ZATION	$z = z z^{\alpha}$	4
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NWFL DECO (Name of the Limited Liability Compar (A Florida Limited L	Frons LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100328143</u> .	/ / .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4516 E. HIGHWAY 20, PMB #122
(Principal office address MUST BE A STREET ADDRESS)	NICEVILLE, FL 32578
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4516 E. HIGHWAY 20, AMB # 122 NICEVILLE, FL. 32578
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 =	Manager	
AMBR =	Authorized	Member

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<u>Title</u>	<u>Name</u>	21 HOV TO PH 3: 19	Type of Action
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			□Remove
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			□Change

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(If an et Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	-11/7/21 m
	Signature of a member or authorized representative of a member
	4.10 5 - 0 2 2
	CHRISTOPHOR SCOTT Typed or printed name of signee

Filing Fee: \$25.00