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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

819 SOUTH KING'S HIGHWAY, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUNO SMITH

Name of Person

819 SOUTH KING'S HIGHWAY, LLC

Firm/Company

2200 CORPORATE DRIVE

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

RSMITH@HERITAGEFLOORING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUNO SMITH

__561 \ 424-9090

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

■ \$30.00 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)

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

819 SOUTH KING'S HIGHWAY LLC

(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our reco red Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compared Florida document number L0600016287	any were filed on 02/14/200	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "Limited l	Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		AN TO
		ASS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		75
		RRI C
	1.44.15	A A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street add	ress
		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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action SMITH, BRIAN **AMGR** 2200 CORPORATE DRIVE BOYNTON BEACH, FL 33426 ■ Add □ Remove ☐ Remove □ Add □ Remove □ Add ☐ Remove ☐ Add ☐ Remove

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ective date must be specific, cannot be prior to this document is filed by the Florida Depar	Tiling:(optional) to date of receipt or filed date and cannot be more than 90 days after rtment of State)
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Filing Fee: \$25.00