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(Re	questor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Express Affordable Flooring LLC 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:
Dennis Breyer Name of Person
express Affordable Flooring &
610 Devonshire Blud Address
Longwood, FL, 32750 City/State and Zip Code Dennis _ Breyer & vahoo, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Them is Breyer at (407) 701 - 4009. Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

EXPRESS A Name of the Limited L (A F	FFOR DA	BLE E	LOORTN our records.)	JEN SP
The Articles of Organization for this Limited Liab	nility Company were i	iled on	0/18/20	and assemed
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	ompany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	bility Company."	the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:			
Name of New Registered Agent:	Nicho 252 S	las Si	ngleto	<u>n</u>
New Registered Office Address:	252 5	axony	ČT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	. \	Enter F	lorida street ada -	ress
	City	- Spring.	<u>)</u> , Florida	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

If Clanging Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRA	1 Nicholas Single	Address on 152 Suronyct, winter springs FL, 3276	Add
	•	winter springs FL, 3270	Remove
			Add
			Remove
			Add
			Remove
	<u></u>		Add
			Remove
			Add
			Remove
			Add
			Remove

ther information, enter change(s) here: (Attach additional sheets, if necessary.)
// bu
Signature of a member or authorized representative of a member
Denais Bruger Typed or printed hame of signee

Page 3 of 3

Filing Fee: \$25.00