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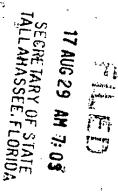
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COVER LETTER

Division of Corporations
SUBJECT: Anthony Du-Bose Flooring, HC 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:
Anthony Du-Bose Name of Person
Anthony Du-Bose Flooring, UC Firm/Company
15/084 county road 108
Hilliard Fl. 32046 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 11/01/2011 and assigned Florida document number 11000125008	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	•
B. If amending the registered agent and/or registered office address on our records, enter the name of the n	new
registered agent and/or the new registered office address here:	,
Name of New Registered Agent: Haven Du-Boxe To Start To	-
New Registered Office Address: 15/084 County voad 108 55 50 50 50 50 50 50 50 50 50 50 50 50	-
Hilliard Florida 32046	

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 **Type of Action** Title **Address** Name Haren Du-Bose 151084 courty road 108 Kadd Hilliard, Fl. 32046 ☐ Change SEC Brandon West 151084 countyroad ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Effective date, if other than the date of filing: $6-20-20$ for an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the	e earlier of:
Dated June 20, 2017.		
Signature of a member or authorized represen	tative of a member	
Haren Du-Bace Typed or printed name of sign	•	

Page 3 of 3

Filing Fee: \$25.00