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COVER LETTER

TO:

Registration Section Division of Corporations

Fabulous Flooring and Bath, 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: Kevin Reese Kiple Name of Person Fabulous Flooring and Bath LLC Firm/Company 336 Cornelia Street Address Freeport Florida 32439 City/State and Zip Code bucsfreak51@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 850 441-6189 Kevin Kiple Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street; Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fabulous Flooring and bath, LLC

2029 AT 25 ALL 8: 55

(Name of the Limited Liability Comp (A Florida Limited	Tany as it now appears on the Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L12000001472}{L}$.	y were filed on $\frac{14}{4}$	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	ition "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 agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	D (2) 1	
	Enter Florida st	reet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- gree to act in this capa te performance of my o provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is
<u>If Ch</u>	anging Registered Agent. S	ignature 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>Title</u>	<u>Name</u>	Address 2011 At - 26 At 8: 75	Type of Action
AMBR	RYAN RADNEY	336 CORNELIA ST	
		FREEPORT FL 32439	■Remove
			□Change
AMBR JOSHUA BLACKWELL.	CHRISTMAS TREE LANE	□Add	
	PANAMA CITY BCH, FL 32408	= Remove	
			□Change
			□Add
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<u> </u>	amore - Ryan Austin Radney were - Joshua Blackwell / Wash 22 En 8:15
Kly	wive - Joshua Diuckwell
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Tective (an effectiv	date, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument	s effective date on the Department of State's records.
record sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	8/22/2020
ated	
	Lairn R Kisle
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00