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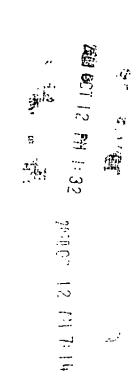
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1:00
Pail Polowi





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10/12/20--01008--008 **25.00



C. GOLDEN 00T 1 3 2020

COVER LETTER

TO: Registration So Division of Cor			
	•	~	
SUBJECT:	Sinsle tracy	Hoor,	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	m lace	Single HAY	
	" <u> </u>	Name of Person	
		Fran Company	
	1/8 Tryon	Dr.	
	, , , , , , , , , , , , , , , , , , , ,	Address	
	Tale Co	2277	
	17/11. 74	323/ City/State and Zip Code	
		City/State and Zip Code	
	LANTY Sing Ketary	Flooring Olahoo . 10 to be used for future annual report not	47
	' E-mail address: (to be used for future annual report not	incation)
For further information c	oncerning this matter, please c	all:	
		at () Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ho following amount:		
	ne tonowing amount.		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &	\$60.00 Filing Fee,Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy
		.,	(additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

: EATY Single Xxx	flooring	LLC.	2 / 12 AH 7: 14
✓ (Náme of the Limited Liabilitý)	Company as it now appear imited Liability Company)	rs on our records.)
ne Articles of Organization for this Limited Liability Co orida document number 4/30000360	mpany were filed on <u>\</u>	1/7/13	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ed liability company h	<u>ere</u> :	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRE	<u></u>		
2 A company (Pany Alley of Wood Rockley			
Enter new mailing address, if applicable: 'Mailing address MAY BE A POST OFFICE BOX)	*****		
Multing dualess SIAT BE A TOST OF TICE BOAY	•		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter t</u> l	ne name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
	City	, Flor	ida
	Cuir.		np cour

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

amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added_removed from our records</u>:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
<u>9r_</u>	William Love	118 Tyon Dr.	□Add
		TAIL FL 327/2	
			□Change
<u>191.</u>	Reese Welch	118 Tyon Dr TAI: Fc. 32712	DAGT
		TA1. Fc. 32712	□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
If the recorecord is t	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 ided.
Dated	10/12/20 Jefan
	Signature of a member or authorized representative of a member
	Typed or printed name of signee