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COVER LETTER

TO:

Registration Section
Division of Corporations

Larry Sing SUBJECT:	letary Flooring		
SUBJECT.	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Larry Singletary		
		Name of Person	
	Larry Singletary Flooring		
		Firm/Company	
	118 Tryon Drive		
		Address	
	Tallahassee, Florida 3231	2	
		City/State and Zip Code	
For freehon in francis		to be used for future annual report noti	fication)
	oncerning this matter, please c	all:	
Larry Singletary		850 508-4467 at ()	
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Larry Singletary Flooring	
(Name of the Limited Liability Compar (A Florida Limited L	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L13000003602	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	lity 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)	
STANDING BEAT OF OFFICE BUAY	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	No. p. d
	City Florida Zir Code 1
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 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	Type of Action
MGR	Reese Welch	118 Tryon Drive	
		TAIL FL 328/2	■Remove
			□Change
MGR	Henry Bramlett	118 Tryon Drive	⊟ Add
		TAIL. FL. 32312	□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
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			□Change
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			□ Remove
			_ □Change

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document's effective date or	the Departmen	it of State's recor	rds.	ning requirements.	mis date will not be h	sted as t
record specifies a delayed e	ffective date, bu	it not an effective	e time, at 12:01 a.	m. on the earlier of:	(b) The 90th day aft	er tha
rd is filed.					(o) The zoni day are	ici the
12/2						
Dated		2021	·			
	/					
SAL SAL	14/					

Typed or printed name of signee