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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

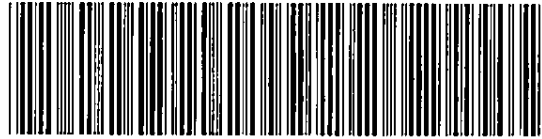
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 OCT -5 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FL

10/05/23--01005--008 \*\*25.00

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Larry Singletary 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:

Larry A. Singletary Jr.  
Name of Person

Larry Singletary Flooring LLC.  
Firm/Company

118 Tyson Dr.  
Address

Tallah. FL 32312  
City/State and Zip Code

Larry Singletary Flooring@yahoo.com  
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Singletary at ( 850 ) 508-4467  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

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Larry Singletary Flooring LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Henry Bramlett</u>	<u>118 Tryon Dr.</u>	<input type="checkbox"/> Add
		<u>TALL FL. 32312</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Austin Lettman</u>	<u>118 Tryon Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>TALL. FL. 32312</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE FL

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TALLAHASSEE, FL

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TALLAHASSEE, FL.

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated

19/5/23

Signature

Signature of a member or authorized representative of a member

Larry A. Singletary, Jr.

Typed or printed name of signee

**Filing Fee: \$25.00**