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## **COVER LETTER**

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TO:

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: LAC	y Singletary	Floring LLC.		
	Name of Lin	ined Elabinty Company		
	Amendment and fee(s) are sub	•		
r rease return air correspo	indence concerning this matter	to the tonowing:		
		ngletty 50. Name of Person		
	LACK Singleting	Floring LLC.		
	/ / /	Finn/Company		
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		City/State and Zip Code	夏 5	36 
	E-mail address:	to be used for future annual report noti	fication)	<u>.</u>
For further information co	oncerning this matter, please c	all:	9:3 E. f.L	() tu
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LARA Simples	27	at ( <u>\$\$D</u> ) <u>\$O\$. <b>4</b></u> Area Code Daytim	467	
, Manie Oi	reison	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
≥ \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:		
Registration S		Registration Se		
Division of Co P.O. Box 632		Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comparing (A Florida Limited L	LC.	
( <u>Yame of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records. Jability Company)	)
The Articles of Organization for this Limited Liability Company	, ,	
Florida document number <u>L/3000003602</u> .	<i>( )</i>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		<u> </u>
		7A 7A
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		12
<del></del> -		ف المالية
		_는 3
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:	·•	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zin Coda

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Henry Bramlett	118 Tryon Dr.	🗆 Add
		118 Topon Dr. TAII PL. 32312	Remove
			□ Change
M6 R	Ouston Lettman	118 Tryon Dr.	
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted it	han the date of filing:e date must be specific and cannot in this block does not meet the on the Department of State's r	applicable statutory filing	ore than 90 days after	t <b>ional)</b> er filing.) nis date v	Pursuant t vill not b	to 605.0207 ( e listed as tl
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document's effective date of the record specifies a delayed ord is filed.  Dated 195/23		- <u></u>		or me	70tii day	_

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