

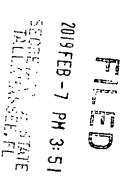
(Req	juestor's Name)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doo	cument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





02/07/13--01015--024 ★€35.00





COVER LETTER

Divis	ion of Cor	porations			
CHD IEZYT.	MW Superior Flooring, LLC				
SUBJECT:					
The enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	all correspo	ondence concerning this matter	to the following:		
		Amanda Ross			
		H.B. Ross & Co.	Name of Person		
		19046 Bruce B Downs Blvd	Firm/Company d, Suite 302		
		Tampa, FL 33647	Address		
		hbrossandco@gmail.com	City/State and Zip Code		
For further inf	ormation c	E-mail address: (oncerning this matter, please ca	to be used for future annual all:	report notification)	
	Amar	nda Ross	813	977-9977	
-	Name o	l Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &	

MAILING ADDRESS:

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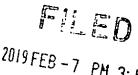
Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MW Superior Flooring, LLC			PM 3:51
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears o ed Liability Company)	on our records.)//A.S.	SEE STATE
The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation document number		40/00/0044	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
The new name must be distinguishable and contain the words "Limited Lic	ibility Company," the desig	gnation "LLC" or the abb	oreviation "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 registered agent and/or the new registered office address h		ur records, enter t	he name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	·
		, Florida	
	City		Zip Code

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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Styven Isaac	8228 Settlers Creek Loop Lakeland, FL 33810	■ Add
		Remove	
			☐ Change
			Add
		□ Remove	
		Change	
		Add	
		Remove	
			☐ Change
		□ Add	
			□ Remove
		 	☐ Change
	 	☐ Remove	
		Change	
		Add	
		□ Remove	
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
Dated	2-1-19
i,zaict	1111
	Signature of a member or authorized representative of a member
	organization a memory or additional representative or a member

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Typed or printed name of signee

Filing Fee: \$25.00