L15000017353

(Requestor's Name)
(Address)
(Address)
(13.335)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100413014811

08/01/23--01014--012 **25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Limited Liability Company of it now appears on our records)
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
and assigned	
	per <u>L15000017353</u>
	mitted to amend the following:
	enter the new name of the limited liability company here:
tion "L.L.C."	nguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbrevia
	ffices address, if applicable:
. 1	ss MUST BE A STREET ADDRESS)
•	
-`	dress, if applicable:
· .	••
,	BE A POST OFFICE BOX)
<u> </u>	
he new regis	gistered agent and/or registered office address on our records, <u>enter the name of t</u> registered office address here:
	Registered Agent:
	ed Office Address: Enter Florida street address
	Date 1 to me de Co minoso
o Code	, Florida
	ed Office Address: Enter Florida street address, Florida

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

COVER LETTER

	Registration Se Division of Cor			
CLID IEC		ardwood Flooring, LLC		
SUBJEC	l:	Name of Lim	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Shannon Hardin		_
			Name of Person	
		Hardin's Hardwood Flooring	ng, LLC	
			Firm/Company	
		480 SW Remington CT		,
			Address	 : :
		Lake City, Fl 32024		•
			City/State and Zip Code	
		hardinshardwood flooring@	- -	ຸ . ຜາ
		E-mail address: (to be used for future annual report notification)	
For furthe	er information c	oncerning this matter, please c	all:	
Shannon	Hardin		352 328-4284	•
•	Name o	f Person	Area Code Daytime Telephone Numb	er
Enclosed	is a check for th	he following amount:		
≡ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
_	Mailing Addres		Street Address: Registration Section	
	Registration S Division of C		Registration Section Division of Corporations	
	P.O. Box 632	-	The Centre of Tallahassee	
-	Fallahaccee J	FI 32314	2415 N. Monroe Street, Suite	Q10

Tallahassee, FL 32303

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
AMBR	Claude Hardin	480 SW Remington CT	
		Lake City, Fl 32024	■Remove
			☐ Change
			□Add
		 	Remove
			□Add
			□ Remove
			□Remove
			☐ Change
			□Add
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ote: If the date inserted in this	the date of filing: must be specific and cannot be prior to a block does not meet the applicable Department of State's records.	date of filing or more than 90 days ole statutory filing requirements,	p tional) after filing.) Pursuant to 605.0207 (, this date will not be listed as t
ecord specifies a delayed effectis filed.	ctive date, but not an effective tim	e, at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
July 27	, 2023		
	Signature of a member or author	Shannon Hardin	