L160000 68088

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(Address)	•
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COVER LETTER

TO:	Registration Sec Division of Corp			
erib ii	PCT.	Lindsey Floo	oring and More, LLC.	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Diandra Lindsey	
			Name of Person	
		Lind	sey Flooring and More, LLC.	
			Firm/Company	
			54400 Wilbur Jones Road	
			Address	<u>.</u>
			Callahan, Florida 32011	
			City/State and Zip Code	
			sdiandra@yahoo.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	ncerning this matter, please ca	all:	
Diand	ra Lindsey		904 864-3084 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	e following amount:		
□ \$2	5.00 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 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

	ndsey Flooring and More, LLC. d Liability Company as it now appears on our reco A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Lia Florida document number L16000068088	ability Company were filed on April 06,2016	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LI	
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET		15 C C C C C C C C C C C C C C C C C C C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	D 4: 35 'S TATE FLORIDA
B. If amending the registered agent and/o registered agent and/or the new registered off		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
		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 ÀMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	James Gerald Dukes III	19040 Waterville Road	Add
		Jacksonville, Florida 32226	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		_	Add
			Remove
		-	☐ Change
			□ Add
			□ Remove
			☐ Change
	<u></u>		□ Add
			□ Remove
			TARREST OF THE PROPERTY OF THE
			OF STATE Remove
			Change

D. If amending any other inform	nation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
(If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the If the record specifies a delay	ed effective date, but not an effective tir	requirements, this date will not be listed as t
(b) The 90th day after the r		
Dated June 15	, 2016	
	Mandr Lindsly	
	Signature of a member or authorized representative of	of a member of a
	Diandra Lindsey Typed or printed name of signee	
		LE FE
	Page 3 of 3	ARE 35

Filing Fee: \$25.00