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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Josh	Va Strickla	nd Flooring L	LC_	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Joshua S	Name of Person	 _	
	Joshua Stri	clclcnd Flooring	LLC	
	1200 Sceni	c Hwy apt #	11	ALLAHASSEELF
	Pensacda, Fl	32 563 City/State and Zip Code	 	
	Jsh strkln E-mail address: (t	d @ amail.com o be used for from annual report noti	fication)	: 33
For further information con	ncerning this matter, please ca	II:		
Joshua S Name of	Strickland Person	at (\$50) 449 - Area Code Daytim	7308 c Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 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 Sta Certified Copy (additional copy is en	atus &
Registrat	NG ADDRESS: tion Section of Corporations to 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our re ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comparing	any were filed on July	5, 2016 and assigned
the Articles of Organization for this Limited Liability Company were filed on Joly 6, 2016 and assigned dorida document number L 16000128 255. This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	The state of the s
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2	2 005
	 	
Enter new mailing address, if applicable:		<u></u> <u> </u> <u> </u> <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P	
	Enter Florida street aa	idress
		, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Matt Bradley	6073 St. Cloud dr.	MAdd
	·	Pensacola Fl 32503	☐ Remove
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			Add
			☐ Remove
			Change ARE ARE ARE COMMENTED AND COMMENTED COMMENTED A
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			PRemove: STATE Remove: STATE Change
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un effectiv ote: If tl	ve date is liste he date inse	rted in this block	specific and does not n	cannot be prineet the appl	icable statut		ian 90 days afte	onal) r filing.) Pursuant to s date will not be	
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		s a delayed e ter the record		late, but r	not an effe	ective time	, at 12:01	a.m. on the ea	arlier (
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		Jan Sig	nature of a	nember or au	thorized repre	sentative of a	member		<u></u>

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