## LIV000 137165

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S. WARREN DEC 28 2017

## COVER LETTER

TO: Registration Section Division of Corporation		,	
SUBJECT: Back	vn's Floor's Name of Limi	F More LL	<u></u>
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Jeremia	h Lecou Back	on
		Flowis + more L	
	1739 west	Page 10 Address	
	Tallahas	Sce 5 32305 City/State and Zip Code	
-	Bacton Ll. E-mail address: (i	Sce   5   32305 City/State and Zip Code 2076	cation)
For further information conc	erning this matter, please ca	dl:	
Jeceniah 1 Name of Po	3arton	at ( <u>RSO</u> ) <u>694 - S</u> Area Code Daytime	586 Telephone Number
Enclosed is a check for the f	ollowing 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 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

Bartons F	floors & More LLC
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>£ 16000137165</u>	y Company were filed on July 25 2016 and assigned
This amendment is submitted to amend the following	;; <b>^</b>
A. If amending name, enter the new name of the h	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
<del></del>	, Florida
New Registered Agent's Signature, if changing Registe	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and l agent as provided for in Chapter 605, F.S. Or, if this degument is ered office address, I hereby confirm that the limited liability ge.

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
<u>Nama</u>	Joshua Hernandez	1729 west Page ra Tallahas	se€ NAdd
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