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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

OCT 2 9 2018 S. YOUNG

COVER LETTER

TO:

• •	tration Section of Corp					
SUBJECT: _		Salter's Floor	ing, LLC			
		Name of Lim	ned Liability Company			
The enclosed a	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return a	II correspon	dence concerning this matter	to the following:			
		Do	nald E. Salter			
			Name of Person			
		Salter's	Flooring, LLC			
			Firm/Company		·	
6304		6304	Flip Flop Ct.		18 C SECON ALLA	
		-	Address		DCT 19 Ve IANOY AHASSEI	T
		Pensa	Pensacola, Fl. 32526			FILED
donaldsalter86@		City/State and Zip Code		FE (\Box	
					7: 08	
For further inf	armation co	e-mail address; one	to be used for future annual report notifical.	ration)	ω α	
Donald E. Salter Name of Person			at (<u>850</u>) <u>490-11</u> Area Code Davtime	45 Telephone Number	 -	
•	Name of	reison	Atea Code Daytine	retephone (vanabe)		
Enclosed is a c	check for the	following amount:				
□ \$25.00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Registra Division P.O. Box		STREET/COURIE Registration Section Division of Corpora Clifton Building	tions		
	Tallahas	see, FL 32314	2661 Executive Cen	ter Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salter's Flooring, LLC

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document numberL17000067717	inpany were filed on March 24, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the above Figure 12.1, C"
Enter new principal offices address, if applicable:	A S F
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:	T: 08
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and/or the new registered office address agent.	red office address on our records, <u>enter the name of the ney</u> <u>ss here</u> :
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	exigent. Indicate to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability

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>	Address 5614 Turkey Rd.	Type of Action
AMBR	Parrish J. Sterling	Pensacola, Fl. 32526	Add
			🗖 Remove
			☐ Change
			Remove
			☐ Change
			Add
			TALLAHA
			Identification Application App
			Remove
			Change
			☐ Add
			Remove
			☐ Change
			
			□ Remove
			☐ Change

				
				
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Tective date, if other than the date of a effective date is listed, the date must be specter: If the date inserted in this block does cument's effective date on the Department.	ific and cannot be prior to s not meet the applica			ng.) Pursuant to 605,020
record specifies a delayed effect he 90th day after the record is		an effective tim	ne, at 12:01 a.m	n. on the earlier (
October 7th	2018			
		_		
Would E. Salt	e of a member or author		a manhar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00