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M. MILLIGAN JUN 01 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Clark Family Flooring LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Holland Name of Person
Firm/Company
96 South Easy St
Supchoppy F1 32358 City/State and Zip Code
Clarkfamily Flouring IC & Small. Com E-mail address: (to be used for future annial report notification) Small.
For further information concerning this matter, please call:
Jennifer Holland at (880) 321-9413 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ 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

Clark Famile	1 Flooring LLC 3/23
(Name of the Limited I. (A F	Liability Company as it nowappears on our records.) Torida Limited Liability Company)
	April 6, 2017
	lity Company were filed on and assigned
Florida document number <u>C 7</u> 000 775	<u>33</u> .
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
NIA	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: <u>N/A</u>
(Principal office address MUST BE A STREET A	•
——————————————————————————————————————	
Enter new mailing address, if applicable:	NA
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	address here:
	N 1 1 1/2
Name of New Registered Agent:	NIM
New Registered Office Address:	
	Enter Florida street address
_	, 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>	Address	Type of Action
TR_	LA' Quanta Wiggins	800 Pricilla in Apt 35 Tamahassee Fl 32301	Add
		Tallahassee Fl	Remove
		32301	Change
			□ Remove
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Note: If the date inse	rted in this block d	of filing:	cable statutory filing re	(optional) than 90 days after filing.) Pequirements, this date wi	fursuant to	605.0207 (listed as ti
the record specifie) The 90th day af			ot an effective tim	e, at 12:01 a.m. or	n the ea	arlier of:
Dated Jine	12t	,2017	·			
	1.	A C				
(De	Signa	ature of a member or auth	norized representative of a	a member		 O
Je.	nnifer	[Jolland Typed or prin	ted name of signee		7 JUN - 1	SECRETA IVISION OF
		Pag	e 3 of 3		PH 12:	RY OF S
		Filing F	Fee: \$25.00		0	