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COVER LETTER

TO: Registration S Division of Co			
Wright's F	looring & Tile,LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and feets) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brooks Wright		
		Name of Person	
	Wright's Flooring & Tile.	LLC	
		Firm Company	
	18655 Hwy 331 S		
		Address	
	Freeport, F1, 32439		
		City/State and Zip Code	
	susic.duke(a davidrjohnson	•	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	
Brooks Wright		229 869-1228 at ()	Telephone Nurfibler
Name of Enclosed is a check for t	of Person he following amount:	Area Code Daytime	Telephone Nurfiber E C 1/4 11 11 11 11 11 11 11 11 11 11 11 11 11
\$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

Wright's Flooring & Tile, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on 6/22/2017	and assigned
Florida document number 1.17000136492		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Wright's Flooring & Trim, LLC		
The new name must be distinguishable and concurring words. Cimited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)	····	***************************************
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the ne
Name of New Registered Agent:		17 T
New Registered Office Address:		
	Enter Florida street address , Florid	T T
	City	Sp. Zhp:Code
New Registered Agent's Signature if changing Registered Ages	s.t.	6 c

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

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			Remove
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June 26	2017	. •				
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Filing Fee: \$25.00