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COVER LETTER

ДО: Registration Sec Division of Corp					
SUBJECT: <u>Coffe</u> i	Creek Floor	ned Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Mathin Copper	Name of Person Creek Flooring 440 Firm/Company		-	
		Firm/Company			
	PO Box 1404	·		_	
		Address			
	New Port Riche	FL 34655 City/State and Zip Code			
	Sales@sha	putlor.com lo be used for future annual report noti		51.6 59	
	oncerning this matter, please ca	ali:		ZOTO JAN 30 Seere door Alleandes	Sample of the Control
Matthew	Diller	at (<u>727</u>) <u>692</u> - Area Code Daytim	8208		- -
		Area Code Daytim	e Telephone Number	[1	(]
Enclosed is a check for th	_				
₹ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $10/4/17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7987 Aden Logo
(Principal office address MUST BE A STREET ADDI	7987 Aden Logo RESS) New Port Richey, FL 34655
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 add	stered office address on our records, enter the name of the new iress here:
	3 717
Name of New Registered Agent:	To the City
New Registered Office Address:	ं वा
	Enter Florida street address
	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

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 Address Type of Action Title Name 15621 Wyoming Ave DAdd
New Port Rickey, FL 34652 Remove _□ Change _□ Add □ Remove ☐ Change ☐ Remove ∟∽ૠା∂ □ R∂move. Ġ ___

Change □ Add ☐ Remove

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n effective date <u>(te:</u> If the date	if other than the date is listed, the date must be se inserted in this block of ctive date on the Depart	pecitic and can loes not meet	mot be prior to a t the applicable	ate of filing or me	ore than 90 days at	iter filing.) Pursuant to	
record spe he 90th da	cifies a delayed eff ay after the record	ective date is filed.	e, but not a	n effective t	me, at 12:0	l a.m. on the ea	arlier o
led	anuary 27		2019				
		<i>,</i>	 				_
	oign	ature of a mem	iber or authorize	a representative	of a member		

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Filing Fee: \$25.00