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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Freedom F	ooring and Rcfinishing
Name ö f ¶:∣	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
~	
	Stin K. Garner Name of Person
	one Flow is and Patrick is
	on Flooring and ReIrin's hing
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1740	Plateau Rol Address
	, and a second
C -	City/State and Zip Code M Gloors 573 & Gmail. Com so: (to be used for future annual report notification)
<i>c</i> - 4	City/State and Zip Code
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this matter, please	i
Name of Person	at (727) 6/9 - 8/59 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
	il
Enclosed is a check for the following amount:	1
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Statu	
etiment of state	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Freedom IFloori	ny + Refinishing LLC
(Name of the Limited Liability Co	mpan as it now appears on our records? (ted Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on 11-9-2017 and assigned
Florida document number <u>L 1 7 600 2 3 1 9 0 1</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited 1	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	三三二
(Principal office address MUST BE A STREET ADDRESS	2 <u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22 AM IG 4
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
ř.	Emer Provida Saver anaress
↓	, Florida
New Registered Agent's Signature, if changing Registered Ag	

N

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 **Title** Name | <u>Address</u> **Type of Action** Dustin K Garner MGR 1460 Plateau Rd Clearwater, FL 33 ■ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Remove _□ Change □ Add □ Remove ☐ Change

		\['\]			
D. If amen	ding any other information	ı, ent er chang	ge(s) here: (Attach ad	lditional sheets, if nece	ssary.)
					
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E. Effective (If an effective Note: If	e date, if other than the da tive date is listed, the date must be the date inserted in this block	te of filing:	/20/2017 ot be prior to date of filing he applicable statutory	or more than 90 days after	onal) filing.) Pursuant to 605.0207 (3)(b) date will not be listed as the
documen	nt's effective date on the Depar	tment of State's	s records.	Bredanemenzt	COLUMN TOU OF TAMES AS INC
If the reco (b) The 9	rd specifies a delayed ef Oth day after the record	fective date, is filed.	. but not an effecti	ve time, at 12:01 a	.m. on the earlier of:
Dated _			·/		
	S:		a/lex	J	
		nature of simemo	er or authorized represen	auve of a member	
	Dustin Garner		ed or printed name of sign	ee	
		 	Page 3 of 3		
			iling Fee: \$25.00		