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(Req	uestor's Name)		
(Add	ress)		
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(City	/State/Zip/Phon	e #)	
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(Document Number)			
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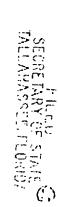
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mack Flooring and More UC. Name of Alimited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Henry R. Mack Jr. Name of Person
Mack Flooring and More, L.C.
1207 Dexter Lue
Address
Persacola, FL. 32507 City/State and Zip Code
Mack Flowes 17@ annual com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Henry R. Mack Jr. 11,850, 490 1678
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

- Thack thours as	od More, U.C.			
(Name of the Limited Dablit (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>11917</u>	and assigned		
Florida document number L17000232421	<u>O</u> . ' '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" e			
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDR	(ESS)	2		
		300		
		<u>ن</u> وَجِ		
Enter new mailing address, if applicable:		- 5 500		
(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.		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

 $\Lambda\Lambda$

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
MGR	Lita Mack	1207 Dexter Ave. Persacola, Fil. 32507	
		Persacola, F.I. 32507	⊠ *Remove
			Change
			Remove
			Change
***************************************			Add
			□ Remove
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			Remove
			Change

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ective date, if other that effective date is listed, the date: the: If the date inserted in timent's effective date on	his block does not meet t	he applicable statute	ling or more than 90 days ory filing requirements	optional) after (iling.) Pursuant to this date will not be	o 605.020 e listed a
record specifies a de he 90th day after th		, but not an effe	ctive time, at 12:	01 a.m. on the e	arlier o
ed November	16 . 2	20M.			
	Signature of a memb	er or authorized repres	sentative of a member		_
	1100	o . O .a.	lc 1		

Page 3 of 3

Filing Fee: \$25.00