

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000196735 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC

Account Number : I20200000011 Phone : (239)542-9104 Fax Number : (239)540-1760

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

llanio business@

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LFR FLOORING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

JUN - 6 2022

K. Brumbley

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| LFR FLOORING LLC  |  |                              |
|---|--|------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | any as it now appears on our records<br>Liability Company) | _)                           |
| The Articles of Organization for this Limited Liability Company   | y were filed on 12/19/2017                                 | and assigned                 |
| Florida document number L17000258259  |  |                              |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the limited lia  | bility company here:                                       |                              |
| LFR DEMOLITION LLC  |  |                              |
| The new name must be distinguishable and contain the words "Limited Liab  | ility 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)   |  |                              |
|   |  |                              |
|   |  | FEAR                         |
| Enter new mailing address, if applicable:   |  |                              |
| Mailing address MAY BE A POST OFFICE BOX)   |  | <del></del>                  |
|   |  | <del></del>                  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter                              | the name of the new register |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  | Enter Florida street address                               |                              |
|   |  | orida                        |
|   |  |                              |

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.

Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | <u>Name</u> | Address | Type of Action  |
|--------------|-------------|---------|-----------------|
|              |             |         |                 |
|              |             |         | □Remove         |
|              |             |         | Change          |
|              |             |         | C]Add           |
|              |             |         | □Remove         |
|              |             |         | ☐ Change        |
|              |             |         | □Add            |
|              |             |         | □Remove         |
|              |             |         | □Change         |
|              |             |         | □Add            |
|              |             |         | []Remove        |
|              |             |         | □Change         |
|              |             |         | □ Add           |
|              |             |         | □Remov <b>c</b> |
|              |             |         | □Change         |
|              |             |         | □Add            |
|              |             |         | □Remove         |

p.4

| D. It amending any other int  | rmation, enter change(s) here: (Attach additional sheets, if necessary.)                            |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
|   | ·   |
|   |   |
|   |   |
|   |   |
| <del></del>   |   |
| 1   |   |
|   |   |
| <del></del>   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| -   |   |
| E. Effective date, if other the   | the date of filing: (optional)  |
| (If an effective date is listed, the d<br>Note: If the date inserted in | the date of filing:   |
| If the record specifies a delayed e record is filed.                    | ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated   | 2022  |
| Dated   | ————·   |
|   | Signature of a member or authorized representative of a member                                      |
|   | organisms of a memorial or authorized representative of a memorial                                  |

Filing Fee: \$25.00

Typed or printed name of signee