## 118000039380

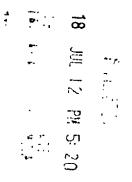
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S. PRATHER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:N	ew Design Flo	poring and Remo	wadion LLC
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Jessica A	A. Micarda Fe	- 00 in
	New Desir	gn Enterpoises	of Florida LLC
	<u> 34444</u>	Cliffcreek C	2 <del>+</del> ,
		hapel Fl. 33	
	ndfrfl@ E-mail address: Ti	amail, (om o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ill:	
Jessica Name o	Fermino Person	at ( <u>813</u> ) <u>417 -</u> Area Code Daytime	-3689 Telephone Number
Enclosed is a check for the	ne following amount:		
\$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Design Flooring and Renovation (Name of the Dimited Liability Company at it now appears on our records.) (A Fiorida Limited Liability Company)	LC				
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/13/2018}{13/2018}$ . Florida document number $\frac{118000039380}{11000039380}$ .	and assigned				
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 Liability Company," the designation "LLC" or the abbrevi	ation "L.L.C."				
Enter new principal offices address, if applicable:	<u>_</u> .				
(Principal office address MUST BE A STREET ADDRESS)	<u>~</u>				
	Z [.				
Enter new mailing address, if applicable:	7.3				
(Mailing address MAY BE A POST OFFICE BOX)	<del>\$</del> 20				
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	name of the new				
Name of New Registered Agent:					
New Registered Office Address:  Enter Florida street address	Enter Florida street address				
——————————————————————————————————————					
New Registered Agent's Signature, if changing Registered Agent:	îp Code				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am family					

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
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\_ Change

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Filing Fee: \$25.00