118000 42748

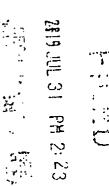
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Siling Officer:
Special Instructions to Filing Officer:

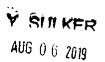
Office Use Only



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07/31/19--01008--020 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
Just a stability company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas Titchmash
Dougs Flooring (CC
10721-Rochelle Ave
New Port Richey E1. 34655
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$ \$\text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$}\$

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 ARTICLES OF ORGANIZATION

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number 1_180000 4270 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __ City

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Address** Type of Action □ Change □ Add □ Remove _D Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change □ Add ☐ Remove _ Change □ Add □ Remove

☐ Change

•	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: [The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	July 25, 2019
	Jong Mil
	Signature of a thember or surhor and monantal
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00