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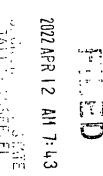
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J 5/15/2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joan Giddings Name of Person
Flostate Cargo -> Flostate Interiors
1529 WE 910th Alexanders
Branford, Fl 3708 City/State and Zip Code
E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 440. 4469 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Or	
Flostate C	argo UC	2022 APR 12 AM 7: 44
(Name of the Limite	d Liability Company as it now appears on o A Florida Limited Liability Company)	TALL: 11 JOEE, FL
The Articles of Organization for this Limited Lia Florida document number <u>L 1800012123</u>	· · ·	5118 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of FIOSTATE 1944 10 The new name must be dislinguishable and contain the we	0KS 1-1C	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)	
B. If amending the registered agent and/or reagent and/or the new registered office address		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	·	, Florida
	City	Zip Code

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 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 M	lember

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

7	Please change Flostate Carao LLC back
<u> </u>	o original name Flostate Interiors LC
_	
_	
_	
_	
_	
(If an effec Note: If	e date, if other than the date of filing:
e record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	3/30/2022
	Signature of exember or authorized representative of a member