L/8000214146

| | (Requestor's Name) | |
|----------------------|-------------------------|-------------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone # |) |
| Pick-ui | P WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | s to Filing Officer: | |
| | J Dil j | |
| | JULY . 173 | |
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Office Use Only



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COVER LETTER

| Divi | ision of Cor | porations | | |
|----------------|------------------------------|--|---|---|
| SUBJECT: | JKF Floor & | & Decor LLC | | |
| ODJECT. | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspon | ndence concerning this matter | to the following: | |
| | | Emad Assad | | |
| | | | Name of Person | |
| | | JKF Floor & Decor LLC | | |
| | | · | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | | 68 Catesby Lane | | |
| | | | Address | |
| | | Saint Augustine, FL 32095 | 5 | |
| | | | City/State and Zip Code | <u>_</u> |
| | | cmadassad4@icloud.com | to be used for future annual report notific | cation) |
| For further in | nformation co | oncerning this matter, please c | | , |
| Emad Assad | | , | 201 779-5139 | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a | a check for th | ne following amount: | | |
| ■ \$25,00 F | 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 (additional copy is enclosed) |
| | iling Addres gistration S | | Street Address: Registration Sec | tion |

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

Registration Section

TO:

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 OF

| (Name of the Limited Li (A F) | iability Compan lorida Limited Li | y as it now appears on our reability Company) | ecords.) | |
|--|--------------------------------------|---|--------------------|---------------------------------------|
| The Articles of Organization for this Limited Liabili | ity Company v | were filed on | | _ and assigned |
| lorida document number L18000214146 | · | | | |
| his amendment is submitted to amend the following | ıg: | | | |
| . If amending name, enter the new name of the | limited liabil | ity company here: | | |
| EA Remodeling LLC | | | | :3 :3 |
| he new name must be distinguishable and contain the words | "Limited Liabilit | y Company," the designation | "LLC" or the abbre | viation "L.L.C." |
| nter new principal offices address, if applicable | : | 68 Catesby lane | | - 53 ; - 11 |
| Principal office address MUST BE A STREET A | | Saint Augustine, FL 3209 | 5 | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | · 💍 |
| nter new mailing address, if applicable: | | 68 Catesby Lane | | |
| Aailing address MAY BE A POST OFFICE BOX) | | Saint Augustine, FL 3209 | 5 | |
| | _ | | | |
| . If amending the registered agent and/or registered and/or the new registered office address he | | tdress on our records, <u>e</u> | nter the name o | f the new regi |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | 8 Catesby Land | | | |
| - | | Enter Florida street a | address | |
| <u>_s</u> | Saint Augustine | | _, Florida | 5 |
| _ | | 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 Changing Registered Agen | t. 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> | <u>Address</u> | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
| | | | |
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| It am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | tive date, if other than the date of filing: |
| he reco ord is f | rd 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 iled. |
| Dated | June/21 2024 |
| | S = = = = = = = = = = = = = = = = = = = |
| | Signature of a member or authorized representative of a member |
| | Emad Assad |
| | Typed or printed name of signee |

, . .