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(Re	questor's Name)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates of State of	MAIL	
(Bu	siness Entity Nan	ne)
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

TO: Registration Se Division of Cor					
Exquiste FI	ooring Designs LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Tyler Applegate				
		Name of Person		•	
	Exquisite Flooring Designation	s LLC		2021 Sec	
	•	Firm/Company			
	4 Juniper Trail			2021 MAR 15 PM 4: 49 SECRETALLY OF STATE TALLANA CREEL FL	
		Address		중의 골	i F
	Ocala, Florida 34480			SES 4 th	Ç
		City/State and Zip Code	,	m 0	
	exquisitefloordesigns@yaho				
	E-mail address: (to be used for future annual report noti	fication)		
For further information e	oncerning this matter, please c	all:			
Tyler Applegate		352 857-9152 at ()			
Name o	f Person	Area Code Daytim	e 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)	Certified	te of Status &	
Mailing Address		Street Address:	otion		
Registration S Division of C		Registration Sec Division of Cor			
P.O. Box 632		The Centre of T			
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exquisie Flooring Designs LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Torida document number L19000049937	pility Company were filed on 02/20/2019	and assigned
his amendment is submitted to amend the follow	··ing:	
. If amending name, enter the new name of the	he limited liability company here:	
xquisite Flooring Designs LLC		021
ae new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abb	
nter new principal offices address, if applicab	ole:	. <u>O</u> .
Principal office address MUST BE A STREET.	ADDRESS)	
		1,9
nter new mailing address, if applicable:		· -
Aailing address MAY BE A POST OFFICE BO	DX)	
		-
. If amending the registered agent and/or regi	istered office address on our records, enter the name	of the new regist
ent and/or the new registered office address b	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florido	
•	, Florida	Zin 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	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			Change
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			Remove
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an effective date is li lote: If the date in	other than the da isted, the date must be iserted in this block we date on the Depa	specific and cannot does not meet to	ot be prior to date of he applicable stati	filing or more that utory filing requ	(option n 90 days after f irements, this	iline) Pursuant to (505,020 isted a
record specifies a list filed.	delayed effective d	ate, but not an ef	fective time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
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attu // IZA				-			
	Sig		er or authorized repr		ember		

Filing Fee: \$25.00