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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	e of Status
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COVER LETTER

	gistration Se ision of Cor			ir
		FLOORING SOLUTIONS, L	LC	'ix
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		JEROME R. MAURER, JE	₹.	
		MCGRAW AND MAURE	Name of Person R ACCOUNTING, INC.	
		1216 NW 13TH STREET	Firm/Company	
		1210 NW 13111 STREET		
		GAINESVILLE, FLORID	Address A 32601	
		MAURER1216@YAHOO.	City/State and Zip Code COM	
			to be used for future annual repor	t notification)
For further i	nformation c	concerning this matter, please ca		
JEROME R	. MAURER.		352 374-678 at ()	
	Name o	of Person	Area Code D	aytime Telephone Number
Enclosed is	a check for t	he following amount:		
■ \$25.00 H	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)
	Registi Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of C Clifton Build	orporations

Tallahassee, FL 32301

TO ARTICLES OF AMIENDMENT TO ARTICLES OF ORGANIZATION OF

HAGERTY FLOORING SOLUTIONS, LLC

(Name of the Limited Lia) (A Flor	rida Limited Liabi	ity Company)	ary on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L19000073350</u>	y Company wer 	e filed on $\frac{N}{2}$	4ARCH 15, 2019	and assigned
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	<u>imited liability</u>	company l	<u>iere</u> :	
N/A				
The new name must be distinguishable and contain the words "I	Limited Liability C	ompany," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N	/A		
(Principal office address MUST BE A STREET ADDRESS)				<u>ر</u>
	-			是得 是一个
Enter new mailing address, if applicable:	N	/A		30
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re registered agent and/or the new registered office a		address o	on our records, <u>e</u>	nter the name of the
Name of New Registered Agent: N/A	Α			48.0
New Registered Office Address:		Enter Fl	orida street address	
			, Floric	la
		City	, тили	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registerompany has been notified in writing of this change	d complete per d agent as prov ered office add	formance o ided for in	of my duties, and I Chapter 605, F.S	am familiar with and Or, if this document i.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u> PATTI W. HAGERTY	Address 9701 SW 110TH STREET	Type of Action
MGR		GRAHAM, FLORIDA 32042	■ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			□ Change
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			☐ Change

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E Effect	ive date, if other than the date of filing: (optional)
(If an ef	fective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The	e 90th day after the record is filed.
15 . 1	JULY 25 2019
Dated	
	Signature of a member or authorized representative of a member
	CLEROME R. MAURER, JR ACCOUNTANT
	Typed or printed name of stones

D. If amending any other information, enter change(s) here: (Attach duditional sheets, y necessary)

Page 3 of 3

Filing Fee: \$25.00