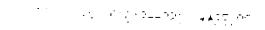
## 

(Re	equestor's Name)		
(Ac	Idress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(DC	ocument Number)		
Certified Copies Certificates of Status			
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## **COVER LETTER**

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Tallahassee, FL 32314

TO:

	Registration Se Division of Cor			
CAUD ANZ	change of a	ddress		
SUBJEC	.I:	Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		judith boatwright		
		<del></del>	Name of Person	
		B & S Flooring LLC		
			Firm/Company	
	6551 SE 110Th Streeet #125			
			Address	
		Belleview, Fl 34420		
			City/State and Zip Code	· ·
		b_s_flooring@yahoo.com	to be used for future annual report no	atification)
For furth	er information c	concerning this matter, please ca		cailon,
Judith B	oatwright		352 470-8652	
	Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed	I is a check for t	he following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration S	Section
Division of Corporations		Division of C	Division of Corporations	
P.O. Box 6327		The Centre of	f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & S Flooring LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000100043  This amendment is submitted to amend the following:		202 JUN 24 AH SECRETARY OF TALL AHASSEE. F	
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:	31.80 1.30 1.30 1.30 1.30 1.30 1.30 1.30 1.3	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6551 Se 110th Street		
Principal office address MUST BE A STREET ADDRESS)	#125		
The type office and the factor and a contract from the factor and	Belleview FL 34420		
Enter new mailing address, if applicable:	6551 Se 110th Street		
Mailing address MAY BE A POST OFFICE BOX)	# 125		
	Belleview Fl 34420		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:		·····	
	Enter Florida street address		
	Flor	Florida	
	Ciù	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 Agent, 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 = Ai	uthorized Member		Type of Action
<u>Title</u>	Name	Address	<del></del> -
			Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			Change
	,		□Add
			.[]Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ı		Change
			□Add
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated 06/19/2024 Judith Boatwright Typed or printed name of signee

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Filing Fee: \$25.00