# L19000115775

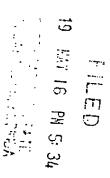
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ	ECT: Diamond C	Cut Flooring LLC		
			ited Liability Company	
The er	nclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Byron Laughner		
			Name of Person	
		Diamond Cut Flooring	LLC	
			Firm/Company	
		702 Hartford Dr NW		
			Address	<del></del>
		Port Charlotte FL 33952		
			City/State and Zip Code	
		Byronlaughnersr@gmail.co		
		E-mail address: (	to be used for future annual report no	tufication)
For fu	rther information co	ncerning this matter, please ca	all:	
Byro	n Laughner		at (941 ) 623-7009	9
	Name of	Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for the	e following amount:		
□ \$2	25.00 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)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compan (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Li	iability Company v	vere filed on 4/29/2019	and assigned
Florida document number L19000115775	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabil	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	· · · · · ·	
Enter new principal offices address, if applic	able:	702 Hartford Dr NW	<u> </u>
Principal office address MUST BE A STREE	T ADDRESS)		
		Port Charlotte FL 33952	, man (
Enter new mailing address, if applicable:		702 Hartford Dr NW	
Mailing address MAY BE A POST OFFICE	BOX)		بري د بن ري
		Port Charlotte FL 33952	<del></del>
3. If amending the registered agent and/egistered agent and/or the new registered of	Tice address here:		is, enter the name of the
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	7901 4th St N		
		Enter Florida street addre	
	St. Petersburg	, F	lorida <u>33702</u>
		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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Byron Laughner Sr.	702 hartford dr	<b>√</b> Add
		Port Charlotte, Fl. 33952	Remove
			☐ Change
			□ Remove
			Change
			E Remove
			□ Change
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ective date, if other than the date effective date is listed, the date must be		data of filips or more than 00 c	_ (optional)
te: If the date inserted in this block	does not meet the applicabl	le statutory filing requireme	ents, this date will not be liste
cument's effective date on the Depar	ament of State's records.		
record specifies a delayed ef	ffective date, but not a	an effective time, at 1	2:01 a.m. on the earlie
he 90th day after the record		- <b>,</b>	
ed 5-13-2019			
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	7 /	100	
	mature of a member or authoria		

Page 3 of 3

Filing Fee: \$25.00