(Re	questor's Name)	
(Ad	dress)	··-·-
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section Division of Corporations	. •
SUBJECT: ATTEM Flodeling Fends Name of Limited Lab lity Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Homas J Finguson Name of Persoin A-Tiam Flooring Final	•
A-Tram Flanking Funch Firm/Company 12030 BlueBell DR Address Crystal River Florida 34408 5	0000460
City/State and Zip Code Coast Closes (a AO) (Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at () Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	. ;

Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number 419400119279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Page 1 of 3

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 = M $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	DANIEL FERGUSON	12030 W Blubell DR	
		Crystal River	B Remove
		FIA 34425	Change
•			
			□ Remove
			Change
	 		FILE Change
			□ Change & □ Add
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ective date, if other than t	he date of filing:		(opti	onal)	
effective date is listed, the date is a listed. The date inserted in this	must be specific and canr	ot be prior to date of filing	g or more than 90 days after	tiling.) Pursuant to 6	05.0207 sted as
ument's effective date on the	Department of State	s records.	g. oquu omonio. um	y distribution of the	wed to
record specifies a delay	ed effective date	but not an effect	ive time lat 12:01 a	am on the ear	lier o
he 90th day after the r	ecord is filed.	, but not an enece	time, de 12.01 t	ini. on the ear	iici o
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Page 3 of 3

Filing Fee: \$25.00