L19000221248

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COVER LETTER

TO:	Registration Section
	Division of Corporation

ENHANCEMENT KING FLOORING 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:	
	GRISELDA CARDENAS		
		Name of Person	
	GC TAX & ACCOUNTIN	G INC	
		Firm/Company	
	4181 WOODLAND CIR		
		Address	
	DELAND, FL 32724		
		City/State and Zip Code	
	GCTAXPRO@GMAIL.CO		
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
GRISELDA CARDENA	S, EA	386 747-6575	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENHANCEMENT KING FLOORING LLC	234 . The Brane	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L19000221268}{L19000221268}$.	ere filed on and assig and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.	<u></u>
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 addagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new r</u>	<u>register (</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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.

City

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 CLOCK St. F. 6: 15	Type of Action
AMBR	EVELYN AGUIRRE	5955 STATE ROAD 11	= Add
		DELEON SPRING, FL 32130	□Remove
		·	□ Change
			□Add
			□Remove
			□Change
	-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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f an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department's effective date on the Department's a delayed effective did is filed. Dated AUGUST 17	does not meet the applicable statutory filing requirements, this date will not be listed as tartment of State's records. State, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the