119000357245

(Re	questor's Name)	
bA)	dress)	
(Ád	dress)	<u></u>
(Cit	y/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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11/27/18--01004--061 **65.06



JAN 0 7 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: LAK	<u> </u>	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:	
	Chestina	Pugel Name of Person	
	LAKE VIEW	Firm/Company	
	7192 can	ky Road 315 Address	
	Keystone He	ELGHS FL 320 CH/State and Zip Code	6do
	E-mail address: (CRYACO P YAKOO TO'DE USED FOR INCIDENTIAL PROPERTY OF THE CONTRACTOR OF THE CONTRACT	ication)
For further information c	oncerning this matter, please ca	all:	
Cheisting !	tuger	at (904) 867 -	3375
Name o	f Person J	Area Code Daytime	: Telephone Number
Enclosed is a check for the	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE VIEW F	Flooring LLC	v ma
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 16-	and assigned
Florida document number LYCO0357345	5	-
This amendment is submitted to amend the following:	:	1 44
A. If amending name, enter the new name of the li	mited liability company here:	t e , m
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ade	lress
		Florida
	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
HMBR	Richard Auger II	7182 County ROAD 315 KEYSTONE HEIGHTS, FL	1 √ Add 3 2 (45 6
			□ Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			□ Change
 			
			Remove
			Change
			□ Remove
			□ Change
			🗆 Add
			☐ Remove
			□ Change

	
(If an el Note:	(optional) fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	11-22 <u>2019</u>
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00