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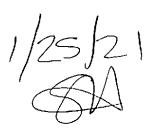
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tampa	Bay Floors LLC Name of Limited Liability Company
SUBJECT: TWO I POL	Name of Limited Liability Company
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	Madislas Karymsakov Name of Person
	Firm/Company
_2	178 Temple Terrace
	egrwater FL, 33764 City/State and Zip Code
Ta	moa bay floors LLC @ Gma.1. Com E-mail address: (to be used for future annual report notification)
	i-mail address: (to be used for future annual report notification)
For further information concerning t	nis matter, please call:
Gerald Grean	at (727) 470 4804 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	amount:
	0 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Pagistration Section	Street Address: Registration Section
Registration Section Division of Corporatio	<u>u</u>
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Bay Floors (Name of the Limited Liability Com	mpany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1900 365162</u> .	any were filed on 12/16/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ice address on our records, enter the name of the new registers
Name of New Registered Agent:	
·	Enter Florida street address
	, Florida
	Ca) Esp 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gerald J. Green	12679 Cumberland Dr. Large F 33373	Z CAdd
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			Change
			□Add
			□Remove
			Change
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ecord specific is filed.	s a delayed effective of	date, but not an e	ffective time, at 1	12:01 a.m. on the	earlier of: (b)	The 90th day after	the
ted <u>De C</u>	10th	. 2	020.				
	<i>Z</i> ~			·			
		ignature of a memb	er or authorized re	presentative of a n	nember		

Filing Fee: \$25.00