

L20000112246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

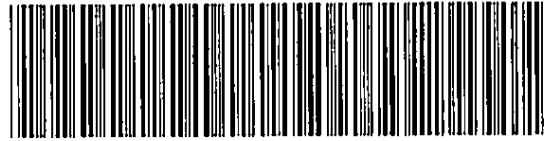
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lat30 Designer Surfaces LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassie Long  
Name of Person

South Walton Law, P.A.  
Firm/Company

36468 Emerald Coast Parkway, Unit 6101  
Address

Destin, FL 32541  
City/State and Zip Code

cassie@southwaltonlaw.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Cassie Long at ( 850 ) 837-0155  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Lat30 Designer Surfaces LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/24/2020 and assigned Florida document number 1.20000112246.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

441 Gator Lane

**(Principal office address MUST BE A STREET ADDRESS)**

Santa Rosa Beach, FL 32459

**Enter new mailing address, if applicable:**

441 Gator Lane

**(Mailing address MAY BE A POST OFFICE BOX)**

Santa Rosa Beach, FL 32459

**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:**

Charles Lehman

**New Registered Office Address:**

441 Gator Lane

*Enter Florida street address*

Santa Rosa Beach

*City*

Florida 32459

*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**

In 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael S. Smith	1639 Waterford Sound Blvd	<input type="checkbox"/> Add
		Gulf Breeze, FL 32563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Charles Lehman	441 Gator Lane	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECURITY

