

L20000112246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

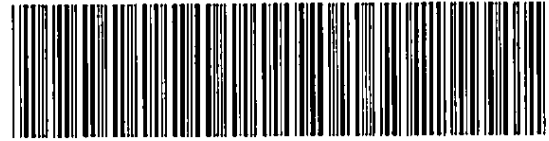
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**COVER LETTER**

**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)

For further information concerning this matter, please call:

Cassie Long

850 837-0155  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 120000112246.

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:**

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

441 Gator Lane

Santa Rosa Beach, FL 32459

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

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

441 Gator Lane

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            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |

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2013 APR 25 PM 1:01  
SECRET  
FALL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 14, 2023

DocuSigned by:  
  
 Signature

- 5AF94B60963C4:8

Signature of a member or authorized representative of a member

Typed or printed name of signee