## L20000391184

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## **COVER LETTER**

	sion of Cor					
	MHD Floor					
_		Name of Lin	nited Liability Company	-		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return a	ill correspo	ondence concerning this matter	to the following:			
		Linda Kruszka				
			Name of Person			
		LK Financial & Managem	ent Services Inc			
Firm/Company				,		
	PO Box 522592					
			Address			
		Marathon Shores FL 3305	2			
			City/State and Zip Code		<del></del>	
		lindakruszka@comcast.net				
		E-mail address: (	to be used for future annual re	port notification)		
For further int	ormation c	oncerning this matter, please c	all:			
Linda Kruszka	a			5862		
	Name o	f Person	at () Area Code	Daytime Telepho	one Number	
Enclosed is a c	theck for th	ne following amount:				
€ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ng Addres		<u>Street Add</u>			
_	stration S	Section orporations	<del>_</del>	Registration Section		
	Box 632		Division of Corporations The Centre of Tallahassee			
		FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MHD Flooring LLC	
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer	re filed on December 15 2020 and assigned
Florida document number L20000391154	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
MHD Painting LLC	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	No change
(Principal office address MUST BE A STREET ADDRESS)	
_	2023 HAR
	2 ( 1 N N )
Enter new mailing address, if applicable:	No change 00
(Mailing address MAY BE A POST OFFICE BOX)	SSO 3
_	9. <b>9. 2.</b>
	· 📻 😉
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	No change
New Registered Office Address:	•
tes registere o most radical.	Enter Florida street address
	, Florida
<del></del>	City Zip Code

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 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>	Name	Address	Type of Action
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	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 days after le statutory filing requirements, thi	filing.) Pursuant to 605.0207 (
record specifies a delayed effective is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b	) The 90th day after the
March 22	2023		
Pated Match 22		.•	
ManualMoros	Einen eine eine eine eine eine eine eine	zed representative of a member	
	Signature of a memoer of aumori.	red representative of a member	

Filing Fee: \$25.00