Feb. 3. 2021 12:07FM

Division of Corporations

Hai poco 474363

No. 8351 P. 1

Page 1 of 2

## Florida Department of State Division of Corporations Electromia Filling Cover Skeet

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Division of Corporations

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From:

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Fax Number : (727)610-8595

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

EMAIL Address: DHVD CPA @ TAMPUDAY, R.R. LOW

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLEN PERRY FLOORING, LLC

Certificate of Status	1
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Corporate Filing Menu

Help

2/3/2021

https://efile.sunbiz.org/scripts/efilcovr.exe

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLEN PERRY FLOORING, LLC		
(Name of the Limited Liability Compai (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number L21000026020	were filed on 01/27/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
GUNNER FLOORING, LLC		
the new name must be distinguishable and comain the words "Limited Liabil	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a	nddress on our records, enter the	e name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		•
11011 1105 (1010)	Enter Florida street address	
	. Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
— I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I furth	er agree to comply with th
HELED FROUDT THE WEND HIS HELD WATER OF A MINE WATER		4 /

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
		<del></del>	Change
		·	🗀 Add
		<del></del>	202 FEB
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			PHAD DAID CONTROL CONT
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			Change
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Effective date, if other than the date of filing:  [an effective date is listed, the date insist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  FEBRUARY 3  2021				
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Signature of a member or approvided representative of a member	pated FEBRUARY 3 , 2021	-·		
Signature of a member or arthorized representative of a member	James Keny			
	Signature of a member or apthori	zed representative of a member		

Filing Fee: \$25.00