

3/26/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REED MAWHINNEY & LINK, PLLC  
Account Number : I20180000105  
Phone : (863)687-1771  
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STATE  
TALLAHASSEE, FL

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

Email Address: Suzanne@polklawyer.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CORNERSTONE FLOOR & HOME LLC

Certificate of Status	0
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Corporate Filing Menu

Help

US  
3/24/21

H/210001221083

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Cornerstone Floor & Home 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 02/05/2021 and assigned  
Florida document number L21000063935

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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

Title	Name	Address	Type of Action
MGR	Chad H. McWaters	6318 US 27 N	<input type="checkbox"/> Add
		Sebring, FL 33870	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jodi H. McWaters	6318 US 27 N	<input checked="" type="checkbox"/> Add
		Sebring, FL 33870	<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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CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
HAWAII

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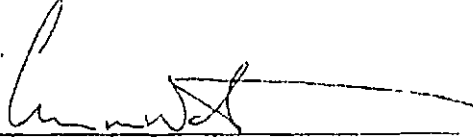
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
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.

If the record 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 record is filed.

Dated March 25, 2021  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
CHAD MLWATERS  
\_\_\_\_\_  
Typed or printed name of signer

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