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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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ALLAHASSEE, FEORE

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COVER LETTER

| TO: Registration Se Division of Cor | | • | ¥ |
|--|--|--|--|
| SUBJECT: | Mosagan's Floor Name of Lim | EOVERING LLC ited Liability Company | <u>, '</u> |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Mathew | Wagne of Person | |
| | <u> </u> | Firm/Company | |
| | 979 | Richardson Ri | 7 32301 |
| | 170 | Address | <u> </u> |
| | Tallahassee | Florida 3230 | 1 |
| | Horam B | City/State and Zip Code WKG W Down to be used for future annual report noti | childa gularl. con |
| For further information of wather maga | oncerning this matter, please can be be seen to be seen the seen t | at (<u>950_</u>) 320 (| 0912 ne Telephone Number |
| Enclosed is a check for th | ne 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

| Worms Floor F | overing LLC |
|---|--|
| Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) iability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on Way, 28, and assigned |
| Florida document number | / |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | ity 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) | 9/8 10/10/10/10 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 978 Richardson RD |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | Cou (man) |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |

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.

City

Zip Code

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| (If an eff Note: | ive date, if other than the date of filing: |
| he recor ord is fi | d 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 led. |
| Dated | May, 28,21 |
| | |
| | the little of th |
| | Signature of a member or authorized representative of a member |