## L21000045918

(F	Requestor's Name)
(/	Address)
( <i>f</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
J)	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer;

Office Use Only



500361773305

03/22/21--01025--020 \*\*25.00

## **COVER LETTER**

TO:

то:	Registration Se Division of Cor			*
CUDI		FLOORING LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JUSTIN B SIMMONS		
			Name of Person	<del></del>
		SIMMONS SUPERIOR F	LOORING ELC	
			Firm/Company	<u> </u>
		1150 N HTH ST		
			Address	<del></del>
		EAGLE LAKE, FL 33839		
			City/State and Zip Code	<del></del>
		JUSTINBASEBALL12@G	MAIL.COM to be used for future annual report no	ritinii
For fur	ther information c	e-man address: (		(incation)
TESUL	N B SIMMONS		863 595-5432	
	Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclos	ed is a check for the	he following amount:		
<b>■</b> S2	5.00 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 5		Street Address: Registration So	ection
	Division of C	Corporations	Division of Co	orporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMMONS FLOORING LLC	ited Liability Compa	av as it now annours on our regards t	
( <u>Name of the Lim</u>	(A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Florida document number 1.21000095918		were filed on FEBRUARY 26 2021	and assigned
his amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the <u>limited liabi</u>	lity company here:	
SIMMONS SUPERIOR FLOORING LLC			
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	NO CHANGE	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NO CHANGE	
3. If amending the registered agent and/or agent and/or the new registered office addr	registered office a ess here: NO CHANGE	ddress on our records, <u>enter the na</u>	ame of the new regis
Name of New Registered Agent:	- CHARGE	<del></del>	
New Registered Office Address:		Enter Florida street address	PHE
		, Florida	<u> </u>
		City	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 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 Type of Action Title Name **Address** □Remove \_\_\_\_\_ □Add \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ Remove

\_\_\_\_ Change

MARCH 10 2021					<del></del>
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Filing Fee: \$25.00