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COVER LETTER

Division of Corp	orations		
SUBJECT:	HP Covistry	ection & Flooring Graphic Company	ing LLC
The enclosed Articles of A	mendment and fee(s) are sub-	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Leonel L	Cernandez Pau Name of Person	(ino
		Firm/Company	
	1660 NE	1915+ # 212	
	Miami	FL 33179 City/State and Zip Code	
	Office 1	1 P. IIC & gmail. To be used for future annual report notifi	Cov _{Cation})
For further information cor	ncerning this matter, please ca	all:	
Leonel Ver	rander Pawlin	at (305 440) Area Code Daytime	8251
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
🖒 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

TO:

Registration Section

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

LHP Constauction & Flooping 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 $05/04/2021$ and assigned Florida document number $L21000104858$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
LHP Flooring & More LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Climited that they company, the designation "L.L.C" 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:
North the AMERICA III
New Registered Office Address: Enter Florida street address
I.mo i wind shift maness
City 200 City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Filing Fee: \$25.00