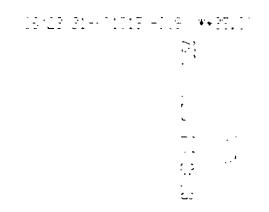
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7/21/2

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Corp	porations		
SUBJECT:	LG Flo Name of Lim	oring ULC nited Liability Company	rame change
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
		Name of Person    Our planning	<u>e 5</u> 3707
For further information co	oncerning this matter, please ca	all:	
Lavry C	Person	at ( <u>H</u> ) <u>JO</u> Area Code Dayt	1-2366 ime Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration S Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited (A	Houring	1 6	<u></u>		
( <u>Name of the Limited</u> (A	Liability Company Florida Limited Liab	<u>as it now app</u> ulity Compan	<u>ears on our records</u> y)	<u></u> )	
The Articles of Organization for this Limited Liab Florida document number		ere filed on	5/13/2	2021	and assigned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of the La Floor play.  The new name must be distinguishable and contain the word				or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET)	le:				Same
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>-</u>				
B. If amending the registered agent and/or regi	iere:				
Name of New Registered Agent:	Larry	Lo	Galuni	75	·
New Registered Office Address:	59	MC Enter F	lorida street address		
_	<del></del>		, Flor		· .
New Registered Agent's Signature, if changing Reg	ictored Agents	City		7	'lip Code ∵:

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		<del></del>	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
		<del></del>	□ Add
			□Remove
		<del></del>	□Change
<del>,</del>			□Add
			□Remove
			□Change

Decreeting a typo in the name of
Should be Larry, Galantis (6)
Should be barry Galantis (L)
(2) Correcting typo in the name of the LLC
currently L& Flooring LLC
(2) Correcting typo in the name of the LLC  Currently LG Flooring, LLC  Should be LG Floorplanning, LLC
Thank You
E. Effective date, if other than the date of filing: 06/0/2021 (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)(1) 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 6/18/2021
Signature of a member or authorized representative of a member
Larry L. Galantis
Typed or printed name of signee

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