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## **COVER LETTER**

Division of Corporations
SUBJECT: Flagler Home Finishings, 660 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Phillips Name of Person
Flaglez Home Finishings
19 las Casitas Blub Address
Palm Coast 32137
Palm Coast 32137  City/State and Zip Code  Outowiz 29 e G mail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Phillips at (386) 283-8607  Name of Person at (386) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certificate of S

Mailing 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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Liability Compan Florida document number 87-1050914		11/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS)			(2)
			1:5
Enter new mailing address, if applicable:			- 1
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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