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21 Nov in PH 2: 50

T. MATTHEWS NOV 2 2 2021

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
3115 F112111		LOORING ENTERPRISING I	L.L.C.	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	LArticles of	Amendment and fee(s) are sub	mitted for filing	
			_	
Please return	all correspo	ndence concerning this matter	to the following:	
		HEATH WHIDDON		
			Name of Person	
			Firm/Company	
		2206 HIDDEN WATERS	DR E.	
			Address	
		GREEN COVE SPRINGS	, FL 32043	
			City/State and Zip Code	
		HEATH@FANFLOORS.C		
For further is	nformation c	E-mail address: () oncerning this matter, please ca	to be used for future annual report not all:	ification)
HEATH WE			904 738-9441	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 I	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)
	iling Addres		Street Address:	
	gistration S vision of C	section orporations	Registration Se Division of Co	
). Box 632		The Centre of	· ·
	Habaccee I			ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMILY FLOORING ENTERPRISING L.L.C.

21 HOV 19 PH 2: 56

(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 (•	and assigned
Florida document number L21000432422	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	· ·	the name of the new registered
agent analyst the new registered office address neve.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		oridaZip Code
	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

MGR = Manager AMBR = Authorized Member		Address 21 NOV 10 PH 2: 56		
<u>Title</u>	<u>Name</u>	Address 21 NOV 10 PH 2: 00	Type of Action	
AMBR	HEATH WHIDDON	2206 HIDDEN WATERS DR E.	≣ Add	
		GREEN COVE SPRINGS, FL 32043		
			□Change	
			□Add	
			□Remove	
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Effective date, if other than th	ne date of filing: (optional)	
If an effective date is listed, the date m	oust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.	
	·	
e record specifies a delayed effect	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
rd is filed.		
November 9	2021	
Dated		
MV//	All the second of the second o	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee