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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3132 Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACCONDIGNED ACTIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LS FLOORING INSTALLATION LLC

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COVER LETTER

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Name of Lin	nited Liability Company	
mendment and fee(s) are sub	mitted for filing.	
dence concerning this matter	to the following:	
	Name of Person	
	Finn/Company	
enclosed Articles of Amendment and fee(s) are su se return all correspondence concerning this matter E-mail address: further information concerning this matter, please of	Address	
	City/State and Zip Code	
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	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Confificate of Status & Certified Copy (additional copy is enclosed)
	E-trail address: (Coroning this matter, please of coroning this matter, please of coroning this matter.) Person	NG INSTALLATION LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. dence concerning this matter to the following: Name of Person Finn/Company Address City/State and Zip Code E-trail address: (to be used for future annual report noncerning this matter, please call: at [

Mailing Address:
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LS FLOORING INSTALLATION			
(Name of the Lin	ited Liability Comp: (A Florida Lionico	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited : Florida document number 1.22000020290	Liability Company	were filed on 01/10/2023	and assigned
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liab:	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		500 MACAW LN	
(Principal affice address MUST BE A STRE	ET ADDRESS)	APT 6	
		FERN PARK, FL 32730	
Enter new mailing address, if applicable:		500 MACAW LN	
(Muiling address MAY BE A POST OFFICE BOX)		APTO	
		APT 6 FERN PARE, FL 32730	202
B. If amending the registered agent and/or agent and/or the new registered office addr			
Name of New Registered Agent:			<u></u>
Now Registered Office Address:	500 MACAW I	LN APT 6	<u>.</u> ω
	·· ·· · · · · · · · · · · · · · · · ·	Emer Florida street adaress	
	FERN PARK	, Florid	a 32730
		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>	Name	Address	Type of Action
AMBR	LETICIA PIO	500 MACAW LN APT 6	□Add
		FERN PARK, FL 32730	□Remove
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