Florida Department of State Division of Comorations

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Division of Corporations

Fax Number : (850)617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M G IMPROVEMENTS LLC

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JUN 3 0 2022

TO ARTICLES OF ORGANIZATION OF

MG IMPROVEMENTS LLC			
(Name of the Idmited Liability Compan- (A Florida Limited Lia	y as it now appears o ability Company)	on our record(s)	
The Articles of Organization for this Limited Liability Company v	vere filed on 02/04	4/2022	_ and assigned
Florida document number L22000061593			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabit	ity company here	2;	
MG FLOORING IMPROVEMENTS LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	ignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			2022
(Principal office address MUST BE A STREET ADDRESS)			= -
		- "	
			A COX
Enter new malling address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our rec	cords, <u>enter the name</u>	of the new regist
New Registered Office Address:	Enter Florida street address		
	Florida		
	City		71p Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	ee to act in this co	apacity. I further agr	ee to comply with

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.

87/81/2022 11:56 3052201440 LAZARUS CORPORATE PAGE 03/04

If amending Authorized retson(5) authorized to manage, enter the title, maine, and address of energy verification or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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	tive date, if other than the date of fill	06/30/2022	(optious	l)
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Note:	If the date inserted in this block does no	of these title abluteance around	ory filing requirements, this da	te will not be listed as
docur	ment's effective date on the Department of	f State's records.		
he reco	ord specifies a delayed effective date, but t	not an effective time, at 12:	I a.m. on the earlier of: (b)	The 90th day after the
ord is t				
Date	d JUNE 30	2022		
DAIG		<u> </u>		
	مستمر سنكر	f a member or authorized repre		

Typed or printed name of signee