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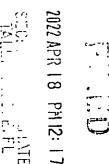
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Fol	Kerts & Sons	LLC	
Sobsect.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Aus	Name of Person	
		Number of Ferson	
	Fo	Firm/Company	LC_
		Firm/Company	
	1725	County Hwy 147	West
		Address	
	Laurel	Hill / FL 2 City/State and Zip Code	2567
	E-mail address: (	HO 9mall Com	ification)
For further information c	oncerning this matter, please ca	all:	
۸	Pu10	826	<b>-</b>
Austin Name o	Folkerts f Person	at ( <b>850</b> ) <b>836</b> – Area Code Daytin	So 38 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			(magnitum copy is environ)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Folkerts	لج	Sons	LLC		022 APR 18 PM 12: 17
(Name of the Limited (A	Liability C Florida Lir	Company as it mited Liability	now appears Company)	on our records.)	QUI, JULATE
The Articles of Organization for this Limited Liab	ility Com	many were	filed on 🗷	2/14/20	ALL SEC.FL
Florida document number 122-0000 731		ipany were	ed on <u>1</u> 2	<u> </u>	<u>oo</u> ma aaaan
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	<u>e limited</u>	d liabili <u>ty</u> c	ompany hei	<u>re</u> :	
K3 Flooring	LLC				
The new name must be distinguishable and contain the word	ls "Limited	Liability Cor	npany," the de	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			<del></del>	
(Principal office address MUST BE A STREET A	<u> 4DDRES</u>	<u>S.S.)</u>			
			···=·	·	<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		-		
B. If amending the registered agent and/or reg	istered o	ffice addre	ss on our re	cords, enter the	name of the new registered
agent and/or the new registered office address l				· <del></del>	
Name of New Registered Agent:				<del>.</del>	
New Registered Office Address:					
			Enter Flori	ida street address	
			ity	, Florid	aZip Code
		C	uì.		zip Coae

## 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Change
<u> </u>			□Add
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lf an effec <u>Note:</u> I	re date, if other than the date of filing:
e record rd is file	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 d.
Dated <u>I</u>	vesdaly, April 12, 2022
	Signature of a member or authorized representative of a member
	Austin Folherts Typed or printed name of signee