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(Re	questor's Name)	
(Add	dress)	·
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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2022 JUL 18 AM 9: 1,7

A. BUTLER
JUL 18 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Tight Lines Tile Name of	and Flooring Emitted Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Travis	MCCoin Name of Person
Tight Lin	Firmy Company J LLC
1710 E	Hatton ST.
	City/State and Zip Code Coc
For further information concerning this matter, plea	ase call: at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Ø\$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Stat	
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

FILED

2022 JUL 18 AM 9: 47 (Name of the Limited Liability Company as it now appears on our records: TARY OF STATE (A Florida Limited Liability Company) (ALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on __ Florida document number <u>L7</u>2000737691 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Travis MCGCin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Travis McCail Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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. Thereby confirm that the limited liability company has been notified in writing of this change.

The 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>	Address	Type of Action
MGR	Travis MCCoin	1710 E. HaTTon ST.	Kadd
		Pensalda, Fl 37503	CRemove
			□Change
			C.Add
			ERemove
			Change
			□Add
			□Remove
			□ Change
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			(TChange
			□ Add
			□Remove
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			🗆 Change

_	nding any other information, enter change(s) here: (Attach additional sheets, it necessary)
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Note:	ive date, if other than the date of filing:
ne reco ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (h). The 90th day after the led.
Dated	AB 7-18-22 Leave Gamenber or authorized representative of a member
	few war
	Signature of a member or authorized representative of a member
	Travis Milain Typed or printed name of signee