Florida Department of State Division of Corporation

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To:	Division of Corporations Fax Number : (850)617-6383	_

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

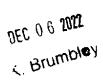
Emaıl	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C & J'S FLOORING & HOME RENOVATIONS LLC **********

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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & J's Flooring & Home Renovations LLC

(Name of the Limited Liability Company as it now appears on our records.)
(λ Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C Florida document number L22000386997	Company were filed on 09/02/22	_ and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name c</u>	of the new res	gistered
	:	202	
Name of New Registered Agent:	<u> </u>	2022 NOV	 .,
New Registered Office Address:	Enter Florida street address 7		<u> </u>
	· · ·	6	
	, Florida	Zip Code	<u> </u>
New Registered Agent's Signature, if changing Registere	ed Agent:	2:1	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, and I am fan egent as provided for in Chapter 605, F.S. Or, if e ed office address. I hereby confirm that the limite	ailiar with an this documen	ıd

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jared Munn	41219 Hockey Dr lot 58	
		Zephyrhills, FL 33540	□Remove
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			□Chance

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Effective date, if other the frame of the section o		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necessary document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th record is filed. Dated November 16 Riley Park Riley Park		
Effective date, if other than the date of filing: (Unition effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605: Note: If the date inserved in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. (The record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after ecord is filed. Dated November 16 2022 Signature of a member of authorized representative of a member		
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E. Effective date, if other than the date of filing:		
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<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	.0207 ed as
		r the
ed N	Jovember 16 2022	
	Riluy Park	
	Signature of a member of authorized representative of a member	
	Riley Park	

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