5/9/23, 11:55 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000172973 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VINYL PROS FLOORING, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

From: Sylvia Paull

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-----------|------------------------------------|--|--|--|
| SUD IE | | OS FLOORING, LLC | | |
| POBLE | CT: | Name of Limi | ted Liability Company | ···· |
| | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter t | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | genaslo224@gmail.com | | |
| | | E-mail address: () | o be used for future annual report notifi | cation) |
| For furth | ner information o | concerning this matter, please ca | ill: | |
| Cheyeni | ne Moseley | | 800 773-0888 | |
| | Name o | of Person | Address City/State and Zip Code be used for future annual report notification) | |
| | | | | |
| Enclosed | is a check for t | he following amount: | | |
| □ \$25. | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VINYL PROS FLOORING, LLC | | | |
|---|--|---|--|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.22000418800 | were filed on 09/27/2022 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the a | bbreviation "L L.C." | |
| Enter new principal offices address, if applicable: | 4525 CAPITAL CIR NW. UNIT J03 | | |
| (Principal office address MUST BE A STREET ADDRESS) | TALLAHASSEE, FL 32303 | | |
| | | | |
| Enter new mailing address, if applicable: | 4525 CAPITAL CIR NW, UNIT J03 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | TALLAHASSEE, FL 32303 | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | the name of the ne | |
| | | 202 | |
| Name of New Registered Agent: | | AVI1 E20Z | |
| New Registered Office Address: | Emer Florada street address | <u> </u> | |
| | , Florida | | |
| | Сиу | Zıp Codir (C∩ | |
| New Registered Agent's Signature, if changing Registered Agent: | | ;·> | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as | ee to act in this capacity. I further as performance of my duties, and I am provided for in Chapter 605, F.S. Or | gree to comply with familiar with and , if this document is | |
| being filed to merely reflect a change in the registered office company has been notified in writing of this change. | aduress, i nereoy confirm indi inc a | тиса наошну | |
| lf Cha | nging Registered Agent, Signature of New R | egistered Agent | |

| To: | _ | | Page: 5 of 6 |
|-----|---|--|--------------|
| | | | |

2023-05-09 10:01:23 PDT

LegalZoom.com, inc

From: Sylvia Paull

__ Change

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

| MGR = M AMBR = A | anager uthorized Member | | |
|---------------------|----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | |

| | , • | enter change(s) here: (Attach ad | | |
|--------------------|--|---|---|-------------------------------|
| | · | . , | · | _ |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | • | | | |
| | | | | |
| | | | | _ |
| | | | | |
| | | | | |
| | | | | |
| | | | • | |
| | | . , | , | |
| | ~,~, | | | - <u>-</u> |
| | | | | |
| | | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| | | | | _ |
| | | | | |
| | | | | _ |
| | | | | |
| | | | | _ |
| | | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| | | • | : | |
| | · | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| | · | | | . |
| | | | | |
| E. Effec | tive date, if other than the date | of filing: | (optional) | |
| (If an el Note: | Fective date is listed, the date must be sp If the date inserted in this block do | secute and cannot be prior to date of tiling oes not meet the applicable statutory | or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be fi | 05.0207 (3)(b) sted as the |
| | nent's effective date on the Departs | | | |
| | , | | | |
| If the re | cord specifies a delayed effe | ective date, but not an effective | ve time, at 12:01 a.m. on the ear | tier of: |
| | 90th day after the record i | | | ., |
| | ٠, | | | |
| Dated | 11/1 | 10 2022 | | |
| שואט | | | | |
| | | | | |
| | Lleua (r. | ture of a member or authorized represent | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00