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Special Instructions to F	iling Officer:	

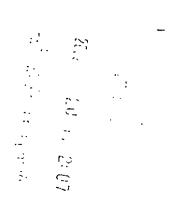
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## **COVER LETTER**

TO: Registration S Division of Co			
	ORING LLC		
SUBJECT:	Name of Lim	nted Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following.	
	MONICA L OROZCO		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MONITAX LLC		
		Firm/Company	<del> </del>
	1404 E SILVER STAR RI	D	
		Address	
	OCOEE, FL 34761		
		City/State and Zip Code	
	MONITAXFLORIDA@GN		
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
MONICA L OROZCO		407 413-530	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addr Registration		Street Address: Registration Se	ction
	Corporations	Division of Cor	
P.O. Box 63	327	The Centre of T	Tallahassee
Tallahassee	, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LME FOORING 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 1.22000432547	were filed on 10/06/2022	<del></del>	_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company here:			
LME FLOORING LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbre	viation "I	.L.C."
Enter new principal offices address, if applicable:	608 PALMETTO DR			
Principal office address MUST BE A STREET ADDRESS)	MASCOTTE, FL 34753			
Enter new mailing address, if applicable:	608 PALMETTO DR			
Mailing address MAY BE A POST OFFICE BOX)	MASCOTTE, FL 34753			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the	name o	of the ne	w regist
			,	
New Registered Office Address:	Enter Florida street address	<u> </u>	Ξ,	••
	Florid		<u> </u>	
	Cuy	 -);	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		2	<u></u>	

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 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
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			□Remove
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onal)  filing ) Pursuant to 605,0207 (, s date will not be listed as th
) The 90th day after the

Filing Fee: \$25.00