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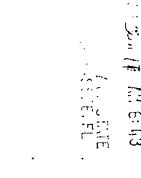
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## **COVER LETTER**

TÓ:	Registration Se Division of Cor						
SUBJEC	First Class	Carpet Installations LLC					
50B3EC	<u></u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	indence concerning this matter	to the following:				
		Joseph Workman					
			Name of Person				
		First Class Carpet Installat	ions LLC				
			Firm/Company				
		5079 Canal Circle East					
		Address					
		Lake Worth FL 33467					
			City/State and Zip Code	·			
		joseph.workman21@yahoo.		<del></del>			
			to be used for future annual report notific	ation)			
For furth	er information co	oncerning this matter, please ca	all:				
Joseph V	Vorkman		607 483-2411 at ( )				
	Name of	Person		Celephone Number			
Enclosed	is a check for th	e following amount:					
<b>☑</b> \$25.0	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 S		Street Address: Registration Secti	on			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Class Carpet Installation LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Nov 10, 2022 and assigned Florida document number L22000482632 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: First Class Carpet Installations LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. N/a Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) G) 5079 Canal Circle East Lake Worth FL/33467 Enter new mailing address, if applicable: (Muiling 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: N/a Name of New Registered Agent: N/a 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, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida \_

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
			□Change
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Effecti fan eff	ve date, if other than the date of filing:
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record d is fil	d 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 ed.
Dated .	06/06/2024
	Regel R. Working
	Signature of a member or authorized representative of a member
	,

Filing Fee: \$25.00