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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|---|---|--|
| MS Floo | ring & Remolding LLC | | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Stephanie Goebel | | |
| | | Name of Person | |
| | ZenBusiness Inc. | | |
| | | Firm/Company | |
| | 5511 Parkerest Drive, Ste. | 103 | |
| | | Address | |
| | Austin, TX 78731 | | |
| | fulfillment@zenbusiness.co | City/State and Zip Code | |
| | | to be used for future annual report noti | fication) |
| For further information | concerning this matter, please c | all: | |
| Stephanie Goebel c/o l | ZenBusiness Inc. | 844 493-6249 | |
| Name | of Person | at () | 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MS Flooring & Remolding LLC | | |
|--|--|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | ny as it now appears on our record Liability Company) | <u>ls.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000026056 | were filed on 1/12/27 | 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: | |
| | | 201 |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company." the designation "LLC | " or the abbreviation L.L.C." |
| Enter new principal offices address, if applicable: | 14513 N 18th Street | HAR |
| (Principal office address MUST BE A STREET ADDRESS) | Apt 4 | υ · · · · · · · · · · · · · · · · · · · |
| | Tampa, Fl. 33613 | U P |
| Enter new mailing address, if applicable: | 14513 N 18th Street | 6: 46 |
| (Mailing address MAY BE A POST OFFICE BOX) | Apt 4 | |
| | Tampa, FL 33613 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | s, enter the name of the new |
| Name of New Registered Agent: | | ··· |
| New Registered Office Address: | | |
| | Emer Florida street addres | N. |
| | | orida |
| | City | Zip Code |

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.

If 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 |
|--------------|------------------|---|-----------------|
| AMBR | Mackenson Sirius | | |
| | | | ☐ Remove |
| | | 14513 N 18th Street, Apt 4 Tampa, FL 33613 | ■ Change |
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| ective date, if other than i | the date of filing: | | (optional) |
| effective date is listed, the date e: If the date inserted in this | must be specific and cannot be price | icable statutory filing requi | a 90 days after filing.) Pursuant to 605.4 rements, this date will not be listed |
| record specifies a dela he 90th day after the r | | ot an effective time, | at 12:01 a.m. on the earlie |
| ed March 7 | . 2023 | | |
| /s/ Mackenson Sirii | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00