# L2300099870

| (Reque                                  | estor's Name  | )            |  |  |
|---|---------------|--------------|--|--|
| (Addre                                  | ess)          |              |  |  |
| (Addre                                  | ss)           |              |  |  |
| (City/S                                 | tate/Zip/Phor | ne #)        |  |  |
| PICK-UP                                 | ☐ WAIT        | MAIL         |  |  |
| (Busin                                  | ess Entity Na | ime)         |  |  |
| (Document Number)                       |               |              |  |  |
| Certified Copies                        | Certificate   | es of Status |  |  |
| Special Instructions to Filing Officer: |               |              |  |  |
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2023 MAR TO PH 3: 32 SECRETARY OF STATE



# ' COVER LETTER

| TO: Registration So<br>Division of Cor | ection<br>rporations                         |  |   |
|--|--|--|---|
| SUBJECT: Gu                            | IFSIDE TILE ON Name of Lim                   | and Flouring ited Liability Company                              |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter               | to the following:  |   |
|  | Ashley                                       | Name of Person   |   |
|  |  | Firm/Company   |   |
|  | 21246 Ci                                     | Ovington Ave   | <del></del>   |
|  | P+CI   | GI 10 FFE FL 3 City/State and Zip Code                           | 33952   |
|  |  | e 1 O a ma. 1. com to be used for future annual report not       |   |
| For further information of             | concerning this matter, please co            | all:   |   |
| Ashley U                               | Oright<br>Person                             | at (814) 564 -<br>Area Code Daytim                               | 0607<br>ne Telephone Number   |
| Enclosed is a check for the            | he following amount:                         |  |   |
| △ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|  |  |  |   |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Julfsi de Vile<br>(Name of the Limited Liab)<br>(A Flori   | and Flooring  ility Company as it now appears on our records.)  ida Limited Liability Company) |   |
|--|--|---|
| The Articles of Organization for this Limited Liability Florida document number <u>L2300099870</u>       |  | and assigned                                    |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the lin   | mited liability company here:  |   |
| The new name must be distinguishable and contain the words "Li   | imited Liability Company," the designation "LLC" or  | r the abbreviation "L.L.C."                     |
| Enter new principal offices address, if applicable:  |  |   |
| (Principal office address MUST BE A STREET ADD   | DRESS)   | 23.<br>23.<br>623                               |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                    |  | HAR 10 PH 3: 32  RE VARY OF STATE LLANDASSET FU |
| B. If amending the registered agent and/or register agent and/or the new registered office address here: |  | e name of the new registered                    |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   | Enter Florida street address   |   |
|  | , Floric   |   |
|  | 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> | Name             | Address                                       | Type of Action              |
|--------------|------------------|---|-----------------------------|
| MGR          | Richard Wight SR | 21246 Covington Ave                           | 53Add                       |
|              |                  | 21246 Covington Ave<br>Pt. Charlotte FL 33952 | □Remove                     |
|              |                  |   | Change                      |
|              |                  |   | □Add                        |
|              |                  |   | □Remove                     |
|              |                  |   | □ Change                    |
|              |                  |   | SECRETARY TO AND THE CHARGE |
|              | ·                |   | O PARTIE SHITE              |
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