## L23000181187

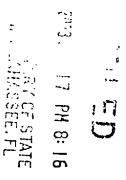
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R. HUNT 07/17/23

## **COVER LETTER**

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CHDIC	SOS Floori	ng and Resurfacing LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		S Ann Wilson				
			Name of Person		-	
		WHARTON LAW GROU	P, PA			
			Firm/Company		-	
		456 S. CENTRAL AVE.				
		<del></del>	Address			
		OVIEDO, FL 32765			7 Pr	1
		ann@whartonlawgroup.com	City/State and Zip Code		PH 8: 16 OF STATE SEE, FL	
			to be used for future annual report notific	ation)	<u>m</u> o	)
For furt	her information c	oncerning this matter, please c	all:			-
Serenity	/ Loyd		321 607-4077			
	Name o	f Person		Felephone Number	r	
Enclose	d is a check for th	ne following amount:				
€ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
	Mailing Addres Registration S		Street Address: Registration Sect	ion		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOS Flooring and Resurfacing 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  $\frac{04/12/2023}{1}$ and assigned Florida document number L23000181187 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida River Rock & Epoxy LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing 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: Name of New Registered Agent: 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.

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
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or motote:  If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) ore than 90 days after filing. g requirements, this date	) Pursuant to will not be	605,020 listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. c. is filed.	on the earlier of: (b) The	e 90th day i	after the
ated July 11th 2023			
Signature of a prember of authorized representative			

Filing Fee: \$25.00