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COVER LETTER

то:	Registration Se Division of Cor			
eud ira		FLOOR AND SUPPLY, LLC		
SUBJEC	CT:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		RACHAEL MOUNTFOR	RD	
			Name of Person	
		ANCHOR FLOOR AND	SUPPLY COMPANY LLC	
			Firm/Company	
		1356 BENNETT DR.		
			Address	
		LONGWOOD, FL 32750		
		<u>-</u>	City/State and Zip Code	
		AP@ANCHORFLOORAN	NDSUPPLY.COM	
		E-mail address: ((to be used for future annual report notification)	
For furth	er information c	oncerning this matter, please c	eall:	
RACHA	AEL MOUNTFO	RD	407 831-0003 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc	ius &
	Mailing Address		Street Address:	
	Registration S Division of C		Registration Section Division of Corporations	
	P.O. Box 632		The Centre of Tallahassee	
	Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ANCHOR FLOOR AND SUPPLY, LLC

2024 NOV - 1 PH 12: 52

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on of Limited Liability Company)	ur records.)
	, , ,	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/06/23	and assigned
Florida document number L23000506960	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
ANCHOR FLOOR AND SUPPLY COMPANY, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret address
		, Florida
	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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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