Division of Corporations

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M& FLOOR WORKS LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Help MAR 11 2024 T. LEMIEUX 3/7/2024 13:48 09 PST , To 18506176383 Page 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M& Floor Works LLC	<u>.</u> • • • •
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were fil	ed on and assigned
Florida document number L24000104141	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability co</u> n	npany here:
M&K Floor Works LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," 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)	202
	- 7
•	7 H
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registere
agent and/or the new registered office address here:	R ₹ M
	D e
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address .
	Florida
- trv	

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.

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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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			EChange
			CAdd
			□Remove
			☐ Change
			□Remove
			[] (Thange
			(□Add
			□Remove
			(□Change
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			LIRemove
			(☐ Change
			□Add
			□Remove
			CiChange

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				_
E. Effective date, if other t	han the date of filing:		(optional)	
Note: If the date inserted	han the date of filing: e date must be specific and cannot be in this block does not meet the ap on the Department of State's reco	oplicable statutory filing rec	han 90 days after filing) Pursuant to quirements, this date will not be	605,0207 (3)(b listed as the
if the record specifies a delayer record is filed.	l effective date, but not an effecti	ve time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day (after the
Dated 03/07	2024			
Rel	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	······································		_
Robe	Signature of a member of	authorized representative of a	member	-
Robin Jones				

Typed or printed name of signee