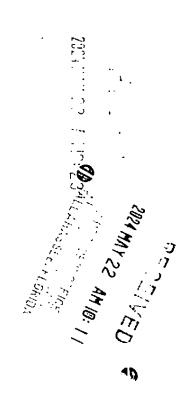
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wood Floor Installations LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peter J. Wood Jr. Name of Person
Wood Floor Installations CLC
781 Timber Run
HAVANA FL 32333 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Petr J. Wood Jr It (448) 229-1987 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Scentificate Copy (additional copy is enclosed)

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wood Floor F	nstallation	15 200 LC 10: 23
(Name of the Limited Liability Com (A Florida Limite		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L24000/98253</u>	ny were filed on $\frac{4/3}{3}$	0/2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designati	on "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 offic agent and/or the new registered office address here:	ce address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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 Name Address Type of Action MGR Jaimson Wood 781 Timber Row DAdd 1tavava, /2 32333 BREMOVE _____ Change MGR Peter J. Wood Jr 781 Timber Rus GAGO 1/AVAJA, FL 32333 | Remove _____ Change

____ Change

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ie: ii the date inse	ner than the date of filing: Id. the date must be specific and cannot be prior to date of filing or more than of the date must be specific and cannot be prior to date of filing or more than of this block does not meet the applicable statutory filing required date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605 cments, this date will not be liste
cord specifies a de s tiled.	layed effective date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after
ed	Signature of a member of authorized representative of a me	
	P. F. I la last	-

Filing Fee: \$25.00