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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guilgan JUL 24 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Floor Solutions Group 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:

Carlos Almandoz

Name of Person

Floor Solutions Group LLC

Firm/Company

10400 W SR 84 Ste 103

Address

Davie, FL 33324

City/State and Zip Code

carlosaalmandoz@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Almandoz

Name of Person

at

954 205-8442

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

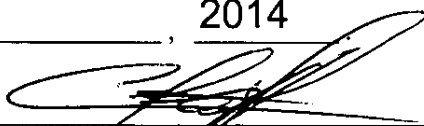
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	De Festejos y Algo Mas C.A. Agencia	Sector Bella Vista Calle Bella Vista N° 123	☒ Add
		Puerto La Cruz, Anzoátegui,	☐ Remove
		Venezuela	
MGRM	Jose E. Delgado	565 Vista Isles Dr, Apt 2012	☐ Add
		Plantation, FL 33325	☒ Remove
MGRM	De Festejos y Algo Mas LLC	565 Vista Isles Dr, Apt 2012	☐ Add
		Plantation, FL 33325	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 19, 2014



Signature of a member or authorized representative of a member

Carlos Almandoz

Typed or printed name of signee

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Filing Fee: \$25.00

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