L16000033123

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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
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SECRETARY OF STATE STATE OF CORPORATIONS

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December 28, 2017

ALFREDO PARADA 219 CLUBHOUSE BLVD NEW SMYRNA BEACH, FL 32168

SUBJECT: A & M IMPROVEEMENT SOLUTIONS, LLC

Ref. Number: L16000033123

We have received your document for A & M IMPROVEEMENT SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00026308

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

www cunhiz ara

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ASM Home Improvement Solutions 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:	
Alfredo Parada Name of Person	
ASIM Home Improvement Solutions LLC Firm/Company	
219 Chubhouse Blud.	
Wew Smyrna Prach, FL 3/2168 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alfredo Parada at (407) 633-1413 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: NIA fees new been submitted	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASM Home Improvement Solu (Name of the Limited Liability Companies)	tions LLC		
(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 2/17/16	and assigne	:d
Florida document number <u>L16 0000 3312 3</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Parada Flooring LLC The new name must be distinguishable and contain the words "Limited Liability of the contain the words "Limited Liability".	Company "the desirencies "II C" or the obbe	mainting of 1 CT	
The new name must be distinguishable and contain the words. Limited Liabin	•		
Enter new principal offices address, if applicable:	219 Clubhouse Blvd.		
(Principal office address MUST BE A STREET ADDRESS)	New Smyrna Beach, FL	32168	—
			
Enter new mailing address, if applicable:	219 Clubbouse Blud.		
(Mailing address MAY BE A POST OFFICE BOX)	New Smyrna Beach, FL		
B. If amending the registered agent and/or registered of		ie name of t	he ne
registered agent and/or the new registered office address here	i: Wlit	18	SIAI
		JAN	SE
Name of New Registered Agent:			유류-
New Registered Office Address:		~	<u> </u>
	Enter Florida sweet address	3	- 69% 9%
	, Florida	•••	
	City	Zip Code 🕃	- Em

New Registered Agent's Signature, if changing Registered Agent: NA

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 i	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			
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			SECRETARY OF STATE SECRETARY OF CORPORATIONS CHARGE SECRETARY OF STATE SECRETARY OF CORPORATIONS CHARGE SECRETARY OF STATE SECRETARY
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				L r printed name of si			18 JAN 12 PM	VISION
		- UMM Signa	11 P(V) A	A A	entative of a member	.		₽.
Dated	January 1	C	20	13	entative of a member			
) The	90th day afte	r the record i	s filed.				, curner	01.
	ent's effective da				tive time, at 1:	2:01 a.m. on the	e earlier	r of:
(If an eff	ve date, if other ective date is listed, If the date inserte	the date must be sp	ecific and cannot b	e prior to date of fili	ng or more than 90 d	_ (optional) ays after filing.) Pursua ats, this date will no	nt to 605.0 t be listed	1207 (1 Las tl
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Filing Fee: \$25.00

COVER LETTER

((): Registration Section Division of Corporations			
SUBJECT: A : M Home Impr	Overnant Solv Hons LLC Name of Limited Liability Company	<u>C</u>	
The enclosed Articles of Amendment a			
Please return all correspondence conce	rning this matter to the following:		
A	Fredo Parada Name of Person		
	Name of Person	1	
_ Act	11 Horne Ironovenent Finn/Company	Solutions LLC	
<u> </u>	Clubhouse Block. Address		
<u> </u>) Smyrna Prach FL City/State and Zip C	36168 Code	
A	E-mail address: (to be used for future an	nnual report notification)	
For further information concerning this	s matter, please call:		
Alfredo Parada	at (<u>407</u>) 633-1413	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the following a	amount: MIA fees newe been	submitted	
	Filing Fee & S55.00 Filing ficate of Status Certified Cop	py Certificate of Stat	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AS NY HOME IMPORTMENT Solu (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Cability Company)
The Articles of Organization for this Limited Liability Company	were filed on 2 17 16 and assigned
Florida document number <u>L14 000033123</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Parada Flooring LLC	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	219 Clubhouse Blvd.
Principal office address MUST BE A STREET ADDRESS)	New Smyrna Brach, FL 32168
Inter new mailing address, if applicable:	219 Clubbouse Blud.
Mailing address MAY BE A POST OFFICE BOX)	New Smiring Reach, FC 32168
	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
ew Registered Agent's Signature, if changing Registered Agent:	City Zip Code
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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: Nin

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> **Title** <u>Name</u> □ Add _□ Remove _□ Change _□ Add □ Remove □ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change _□ Remove

). If amending any other informatio	n, enter change(s) here: (Attach additional sheets, if r	necessary.)
		
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·-		<u> </u>
		
Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days and does not meet the applicable statutory filing requirements,	after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the
The 90th day after the record	I is filed.	or a.m. on the earner or.
Dated January 10	2013	
<u> </u>	MILL BUSINALA mature of a member or authorized representative of a member	91V15
	Typed or printed name of signee	SECRETARY VISION OF C
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	Page 3 of 3	™ • 68.

Filing Fee: \$25.00