Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX PLACE Account Number : 120100000011 Phone : (954)369-4444 Fax Number : (954)369-4446

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iter 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 RJMG FLOORING LLC

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SEP 27 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJMG FLOORING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/01/2016 and assigned Florida document number L16000125837.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, If applicable:
Enter new mailing address, If applicable:
If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:

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 statues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions 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 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= Authorizas Member

Title **MGR** Name

SILVIO WALVERDE

10190 Boca Entrada BLVD Apt 112

Boca raton, FL 33428

Type of Action REMOVE

C. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)

D. Effective date, if other than the date of filling: 09/26/23

(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 States)

09/26/2023

Silvio Walverde Resigned Manager - Signature of a Resigned Manager

John L M RL

09/26/23023

Fabio Da Silva Rocha - MGR - Signature of a member or authorized representative of a member