

L18000096255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

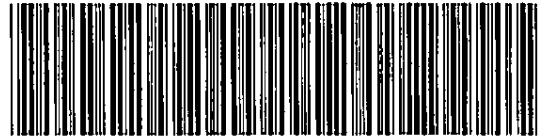
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/2022 10:40:00 AM **35.00

FILED
2022 MAR 14 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
MAR 28 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOSCANO WOOD FLOORING 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:

MICHELLY FERREIRA

Name of Person

CAMPANA GROUPS

Firm/Company

3023 BURTON POINT CT.

Address

WAXHAW, NC 28173

City/State and Zip Code

michelly@campanagroups.com

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

For further information concerning this matter, please call:

MICHELLY FERREIRA

Name of Person

at (**954**)

Area Code

228-0706

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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

TOSCANO WOOD FLOORING 2028 MAR 14 PM 4:09

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

SECRETARY OF STATE
TALLAHASSEE, FL
04/16/2018

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L18000096255.

This amendment is submitted to amend the following:

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

TOSCANO CONSTRUCTION AND DEVELOPMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10544 FENWAY PL.

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33498

Enter new mailing address, if applicable:

10544 FENWAY PL.

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33498

B. 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:

RODRYGO TOSCANO MOURA

New Registered Office Address:

10544 FENWAY PL.

Enter Florida street address

BOCA RATON

City

Florida

33498

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 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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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