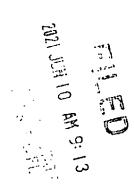
L19000002552

(Req	uestor's Name)	
(Add	ress)	<u> </u>
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	ılıng Officer.	
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ALLAHASSEE, FLUMU

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/10/2021			#	*WALK IN**
ENTITY NAME VILARI	NO FLOOR SERVICES	LLC	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER L	1900002552	<u> </u>		
		TACHED AND RETURN**		
XXXXXX	Plain Copy Certified Copy Certificate of Status		,	747 (X. 7V)
****	L EASE OBTAIN THE FOLLO Certified Copy of Arts & 1	WING FOR THE ABOVE EN Amendments	7774**	
	Certificate of Good Standing **APOSTILLE' / NOTA	ARIAL CERTIFICATION*	*	, t
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	ON ES REQUESTED			
TOTAL OWED \$25.00		ACCOUNT #: 120		
Please call Tina at the	e above number for any	issues or concerns. Th		ch!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TO ARTICLES OF O	=	ords.)	
ARTICLES OF O			
O.	r		
VILARINO FLOOR SERVICES LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec	ords.)	
(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 12/31/2018	and assigned	
Florida document number 119000002552	were filed on	und assigned	
riorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity campany here:		
At It amending named there are new name of the infinited name	int company nere.		
The new name must be distinguishable and contain the words "Limited Liabili	to Company "the decimation "	1 C" or the abbrariation "I 1 C"	
The new name most be distinguishable and contain the words. Thinted Mabin		Ale of the appreviation Table.	
Enter new principal offices address, if applicable:	745 Arundel Cir.		
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33913		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	fice address on our reco	ords, enter the name of the new	
registered agent and/or the new registered office address here			
Name of New Registered Agent:			
No. Declared Office Add			
New Registered Office Address:	Enter Florida street ad	dress	
		P1 - 1	
		Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	* *	•	
1. The state of th			

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>	Address	Type of Action
MGR Sarah Sodre-Crot	745 Arundel Cir.	Add	
		Fort Myers, FL 33913	□ Remove
			☐ Change
			
			☐ Remove
		Change	
			Add
			☐ Remove
		-	Change
		Remove	
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Note:	tive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	June (18 , 2021 ,
	Mana Markey Signature of a member or authorized representative of a member
	Marco Antonio Oliveira Martins, Manager
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00