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## **COVER LETTER**

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CUBICA		ORING, LLC			
SUBJECT	·				
The enclos	ed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please retu	m all correspo	indence concerning this matter	to the following:		
		EMERSON C AYBAR			
			Name of Person		~ `
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		Stuart, FL 34996		TATE	2: 09
			City/State and Zip Code		
		emerson_aybar@hotmail.co			
		E-mail address: (	to be used for future annual report not	ification)	
For further	information c	oncerning this matter, please c	all:		
EMERSO	N C AYBAR		772 267-6950		
	Name o	f Person	Area Code Daytim	ne Telephone Number	_
Enclosed is	s a check for th	ne 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 F Certificate of \$ Certified Copy (additional copy is	Status &
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	O. Box 632		The Centre of T		
T	allahassee, I	FL 32314	-	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIV 9 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 08/27/2021 and assigned Florida document number L21000383827 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Division 9 Flooring Design, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2190 SE Ocean Blvd Enter new principal offices address, if applicable: Stuart, FL 34996 (Principal office address MUST BE A STREET ADDRESS) 2190 SE Ocean Blvd Enter new mailing address, if applicable: Stuart, FL 34996 (Mailing address MAY BE A POST OFFICE BOX) 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: 2190 SE Ocean Blvd

## New Registered Agent's Signature, if changing Registered Agent;

New Registered Office Address:

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.

City

Stuart

Enter Florida street address

, Florida 34996
Zip Code

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
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the record specifies a delayed effecti cord is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 900	day after the
October 12	2021			
	//			
	Signature of a member or auth	orized representative of a r	member	
Emerson C Aybai				

Typed or printed name of signee