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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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1/25/2025

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2 Step 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:
Erik A Ramos Name of Person
2 Step Flooring LLC
724 Ixora Ave
Cocoa Florida 37977 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Evik lands at (407) 319-4410 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Solution Status Solution

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

2 Step Foor			2025 JUN - 3 PH 5: 24
(<u>Name of the Limit</u>	ed Liability Comp: (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>rds.)</u> 0. 2 4
The Articles of Organization for this Limited L Florida document number <u>L2100048</u> 6		were filed on 11/08/	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the week the new principal offices address, if application of the contain the week the new principal office address MUST BE A STREE	able:	lity Company," the designation "LL	C" or the abbreviation "L.1C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	724 Ixora Cocaa Fl	32922
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a s here:	iddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	Evik	A Ramos	
New Registered Office Address:		F. 17:11	
	Na	Enter Florida street addre.	
		City	orida

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.

Grad fund 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>	Name	Address	Type of Action
<u>CEO</u>	Erik A Ramos	724 Ixora Ave	XAdd
		Caca Fl 32922	□Remove
			□Change
CEO Orlando	Orlando A Ramos	3782 (cataling	□Add
		Dr Coccy FL 37	C126 KRemove
			□Change
			□Add
			□Remove
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			□Change
			🗆 Add
			□Remove
			□ Change

, 11 alft	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	we date, if other than the date of filing:
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	05/13/2025
	Signature of a member or authorized representative of a member
	Typed or printed name of signee