

(((H220000407053)))



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To:

Division of Corporations

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Fax Number : (850)617-6383

Ecom:

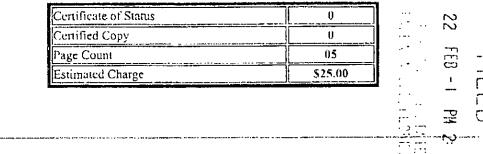
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Account Name : ARMANDO TAXES LLC Account Number : 120200000170 : (305)803-4427 : (305)402-6230 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: armando@armandotaxes.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROLAM FLOORS LLC



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Corporate Filing Menu

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TO: Regi	istration Se		**	3	Ø	
	sion of Cur		÷	,	. :9	
	PROLAM I	FLOORS LLC			* 4	
SUBJECT:		Name of Lin	nted Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		ARMANDO VASQUEZ				
		-	Name of Person			
		ARMANDO TAXES LLO	:			
			Finn/Compeny			
5721 NW 112TH AVE APT 108 Address						
			Address			
		DORAL, FL 33178				
			City/State and Zip Code			
		ARMANDO@ARMANDO E-mail address: (HAXES.COM to be used for future annual repo	ort notification)		
For further in	formation co	oncerning this matter, please o	all:			
ARMANDO	VASQUEZ		305 803-4-	127		
	Name of	Petson	at () Area Code I	Daytime Telepho	one Number	
Enclosed is a	cheek for th	e fellowing amount:				
≖ \$25.00 Fi		□ \$30.00 Filing Fee & Certificate of Status	L. \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg	ing Address istration S	ection	<u>Street Addre</u> Registratio	on Section		
Division of Corporations				Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROLAM FLOORS LLC		
(Name of the Limited Liablity Company (A Fiorida Limited Liab	as it now appears on our records.) ality Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L22000032909</u>	ere filed on 01/28/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
PRO LAM FLOORS 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:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	iress on our records, enter the na	me of the new registered
agent and/or the new registered office address nerv.	:	. 70
Name of New Registered Agent:	; 	
New Registered Office Address:		
	Enter Florida street address	₽ O
New Registered Agent's Signature, if changing Registered Agent:	, Florida _	Zup Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I an wided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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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	
			DAdd	
			☐ Change	
			□Add	
			Change	
			LiAdd	
			□Remove	
			□ Change	
			JAdd	
			CChange	
			[]Add	
			□Remove	
			[IChange	
			□Add	
			□□□□Remove	

__ []Change

H220000407053

From: Armando Vasquez

D. If amending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
	*

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E. Effective date, if other than the date of filing: (If an effective date is fisted, the date must be specific and ex- Note: If the date inserted in this block does not mee document's effective date on the Department of Sta	(optional) unnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(but the applicable statutory filing requirements, this date will not be listed as the fe's records.
If the record specifies a delayed effective date, but not arrecord is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Jamie)
	inter or authorized representative of a member
LISSY JOHANNA QUERALES	yped or printed name of signee

Filing Fee: \$25.00