

104000032664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

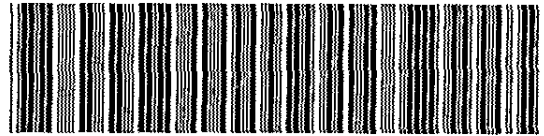
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300036920163

05/27/04--01006--006 **25.00

RECEIVED
05/27/04 10:15 AM

04 MAY 27 AM 10:15

RECEIVED
AND
FILED

6-2-04

May 20, 2004

New Concept Wood Floors L.L.C

9511 Fontainebleau Blvd # 604

Miami, FL 33172

Tel: (305) 559-6404

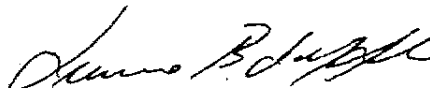
(305) 406-0353

My Name is Sandra Maria Silva I am writing to inform that corrections need to be made on the Article of Organization For Florida Limited Liability Company. The first correction is my name which is spelled as follows: SANDRA MARIA SILVA. The second correction is that my husband is also an owner and is the one who holds all the licenses. It is very important to our company that his name is listed as one of the owners as well. His full name is LUCIANO BARBOSA SILVA. I would like to know what steps I would need to take in order to make these changes effective as soon as possible, to avoid problems.

Thank you,



Sandra M. Silva



Luciano B. Silva

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 27 AM 10:15

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: New Concept Wood Floors L.L.C.
2. The mailing address of the limited liability company is : 9511 Foutnainbleau Blvd. # 604
Miami, Florida 33172
3. Date of filing/registration in Florida April 29, 2004 4. Document number L04000032664
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Sandra Marie Silva

Name

9511 Fountainbleau Blvd., #604

Address

Miami, Florida 33172

City, State and Zip

6. The name and address of the new registered agent and/or office:

Luciano Barbosa Silva

Name

9511 Fountainbleau Blvd., #604

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33172

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]

(Signature of a member or authorized representative of a member)

LUCIANO SILVA

(Printed or typed name of signee)

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 608, 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.

[Signature]

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

04 MAY 27 AM 10:15
FILED
TALLAHASSEE, FL 32314
SECRETARY OF STATE