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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Gloria and Ernesto Martines Flooring LLC B.E.M. Flooring 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:
Gloria Martinez Name of Person
G.E.M Flooring Firm/Company
1006 Sir Michaells Pl Dr
Bonita Springs FL 34135 City/State and Zip Code
Genflooringa en barana I Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Goria Martinoe at (239 243-6844)
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Gloria and E	mesto	Martinez	Flooring	710 AUG-18 AM 11: 16
(No of the 1 th 1 th 1 th 1 th 1	<u> </u>	E . 14 -		SECRETARY OF STATE
(Name of the Limited Liabili (A Florid	a Limited Lial	as it now appea pility Company)	rs on our reco	THELAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability	Company w	ere filed on	er.	and assigned
Florida document number <u>LOSOCOO 733</u>	<u>5</u> 5			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabilit	y company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited	Liability Comp	any," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADD	DRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	_			
	-			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		e address on o	our records,	enter the name of the new
Name of New Registered Agent:			-v	
New Registered Office Address:				
	Enter Florida street address			
***************************************		City	, Floi	rida Zip Code
	(	ııy		гір Соае

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 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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

**Type of Action Title Address** Name MGRM Add 🔀 Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated a member or authorized representative of a member Martin 2 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00