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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Y & D CLASSIC CUSTOM 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:

When of Person)

Y & Classic Cus-torn Flooring (Firm/Company)

8805 Sleepy Creek Cf
(Address)

Tampa FC 33634.
(City/State and Zip Code)

For further information concerning this matter, please call:

Yuny Osmel Viamon fe at (8B) 446-9327
(Name of Person)

(Area Code & Daytime Telephone Number)

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Custom Floorin	records.)
(A Florida L	Company as it now appears on our imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1080 0090590		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		AR S T
(Principal office address MUST BE A STREET ADDR	ESS)	TAS ASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 1: 52 YOF STATE EE.FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office addr		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	/Futor Fl	ida street address)
	(Enter Plort	au sireei auaress)
	(City)	Florida(Zip Code)
	f = : 27	1=A =>

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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: 'MGR = Manager MGRM = Managing Member Title Address **Type of Action** Name Freddie Resto ☐ Add Remove 🗖 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00