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(((H23000154283/3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089 Phone : (754)301-2128 Fax Number : (954)252-4650

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

Email Address: INFO@GFS TAXACCT. CUM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

L&DFLOORING LLC

| CONTRACTOR OF THE PROPERTY OF | CA STREET WATER STREET, TO STREET, NO. OF STREET, STRE |
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| Certificate of Status | , 0 |
| Certified Copy | 0 . |
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Electronic Filing Menu — Corporate Filing Menu

COVER LETTER

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| Division of C | | | |
|--------------------------|---|---|--|
| CUDINOR | OORING LLC | | |
| | Name of Lir | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corres | pondence concerning this matter | r to the fallowing: | |
| | GILVAM F DOS SANTO | | |
| | | Name of Person | |
| | GFS TAX & ACCOUNT | ING SERVICES | |
| | · · · · · · · · · · · · · · · · · · · | Fino/Company | |
| | 11764 W SAMPLE RD S | TE 102 | |
| | | Address | |
| | CORAL SPRINGS FL 33 | 065 | |
| | - 30% | City/State and Zip Code | |
| | INFO@GFSTAXACCT.CO | | |
| For Sumbor in Formula | | to be used for future annual report noti | fication) |
| ror runner information | concerning this matter, please of | ali; | |
| GILVAM F DOS SAN | TOS | 954 9573244 at () Area Code Daytim | |
| Name | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ☐ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (3.855.00 Filing Fee & Certified Copy (3.84litional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre | | Street Address; | |
| Registration | Section Corporations | Registration Sec Division of Cor | |
| P.O. Box 63 | | The Centre of T | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H23000 1542833

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| L& D FLOORING LLC | | |
|---|---|---------------------------|
| (Name of the Limited Linbit (A Florid | lity Company as it new appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability (| Company were filed on 10/02/2009 | and assigned |
| Florida document number L09000095761 | <u></u> , | _ |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited 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 ADD | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 5.7 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 202 |
| | | |
| | | 7 . ^> - |
| B. If amending the registered agent and/or registere | | |
| agent and/or the new registered office address here: | | |
| | | \mathbb{Z}_{+} α |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | , U |
| | Enter Florida street address | |
| | , Florid | |
| | City | Zip Code |

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.

If amonding 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

Title Name Address Type of Action AMBR MORAES, DANILO 511 W OCEAN AVE EAdd BOYNTON BCH, FL 33435 **≡**Remove : Change _____ □Remove - Change (DRemove ______ TChange ______ DRemove _____TAdd □ Change JAdd []Remove _____ □Change

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| n effective date is listed, the date must bute. If the date inserted in this block | : specific and cannot be prior to date of vilous not meet the annicable stan | filing or more than 90 days after filing.) F story filing requirements, this date w | 'ursuset to 605.0207 (|
| cument's effective date on the Dep | artment of State's records. | iory mais requirement, mis nate w | |
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| cord specifies a delayed effective o | ate, but not an effective time, at 12 | hill a.m. on the earlier of: (b) The | 90th day after the |
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| APRIL 24 | 2023 | | |
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